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ABSTRACT

The report covers the replication and continuation efforts of Project UPSTART, a program in Washington, D.C. and southern Maryland, for severely retarded and multihandicapped infants and young children. The sequenced neurosensorimotor program (SNSP) provides the following services: a diagnostic educational prescriptive program; therapeutic activities; psychological services; social work services; professional and paraprofessional training; volunteer training; and orthopedic, neurological, and pediatric clinics. The project identified replication sites and provided assistance in the areas of staff training, followup consultation, child/parent programing, and evaluation. The SNSP was field tested with a total of 79 children and their families at the replication sites, the two model classrooms, and a public school classroom. A total of 166 university students, teachers, therapists, paraprofessionals, and volunteers were trained in the program. Most of the report consists of statistical data, reprints about the program, schedules, letters, and other program materials. (DB)

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FINAL REPORT

1980-1981

PROJECT UPSTART

Location:

D.C. Society for Crippled Children
2800 - 13th Street, N.W.
Washington, D.C. 20009

Submitted to:

Handicapped Children's Early Education Program
Office of Special Education
U.S. Department of Education

Submitted by:
D. Lee Walshe, Ph.D.
Project Director
September 30, 1981

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I. DEPARTMENT OF EDUCATION FACE SHEET

I. FACE SHEET

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

FORM APPROVED
OMB NO. 51-R1091

PROGRAM PERFORMANCE REPORT (Discretionary Grants)

Further monies or other benefits may be, but will not necessarily be, withheld under this program unless this report is completed and filed as required by existing law and regulations *(45 CFR 121, GSA FMC 74-7)*.

Part I

All grantees with awards from programs listed under "General Instructions" above respond.

1. Date of Report:	2. Grant Number:
September 30, 1981	G 008001923
3. Period of Report: From:	**To:**
July 1, 1980	June 30, 1981

4. Grantee Name and Descriptive Name of Project:

D.C. Society for Crippled Children
Project Up-Start: Developmental Pre-school Education for the Severely/Profoundly Handicapped

Certification: I certify that to the best of my knowledge and belief this report *(consisting of this and subsequent pages and attachments)* is correct and complete in all respects, except as may be specifically noted herein.

Typed Name of Project Director(s) or Principal Investigator(s):	Signature of Project Director(s) or Principal Investigator(s):
D. Lee Walshe, Ph.D.	D. Lee Walshe

Part II *("Accomplishment" Reporting)*

A. All grantees, except for those with awards under 13.443 are to respond to this Section A. Grantees under 13.443 go to B of Part II.

All grantees with awards under 13.444 except those supported solely for "Outreach" activities are to follow the organization of categories listed below in presenting their performance reports. The categories are based on activities common to all Early Childhood projects with the exception noted above for projects solely supported for outreach activities.

(1) Direct and Supplementary Services for Children's Services
(2) Parent/Family Participation
(3) Assessment of Child's Progress
(4) Inservice Training for Project Staff
(5) Training for Personnel from other Programs or Agencies
(6) Demonstration and Dissemination Activities
(7) Coordination with other Agencies
(8) Continuation and Replication

The grant application for programs 13.445, 13.446, 13.450, and 13.520 provided for the following functions or activities as categorical headings in the budget and narrative sections:

Research and Development	Dissemination
Demonstration Service	Preservice/Inservice
Evaluation	Training

Programs 13.451, and 13.452 do not usually require a breakout since the primary function or activity is intrinsic to the respective program.

For each of the above programs, functions, or activities *(as well as those of special import for certain programs; e.g., replication, advisory councils, parent involvement)* discuss the objectives and subobjectives presented in the approved application *(in narrative format)* in terms of:

(a) Accomplishments and milestones met.
(b) Slippages in attainment and reasons for the slippages.

Refer back to your application and utilize your quantitative quarterly projections, scheduled chronological order and target dates, and data collected and maintained as well as criteria and methodologies used to evaluate results for (a) and (b). For grantees under 13.444, in discussing training or personnel from other programs, include descriptions of types of training, institutions or organizations involved, and numbers of trainees and hours of training received.

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful. NOTE: Outreach grantees are to discuss accomplishments and slippages in terms of replication and stimulation of services, resources provided and field testing and dissemination and training in terms of types of personnel receiving training and the number of hours involved.

Grantees finishing this portion of Part II, go to C of Part II.

B. Reporting for Grantees under 13.443 *(Research and Demonstration)*.

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results, and a description and evaluation of any final product. Either include copies of, or discuss: information materials released; reports in newspapers, maga-

II. GENERAL INFORMATION

A. ABSTRACT

B. OVERVIEW OF OUTREACH ACTIVITIES BY GOAL AND OBJECTIVES

PROJECT UPSTART
OUTREACH

II. GENERAL INFORMATION

A. ABSTRACT

Project UPSTART, during this one year of outreach, offered assistance in replicating its developed Sequenced Neuro-Sensorimotor Program (SNSP) in Washington, D.C., and southern Maryland. Outreach services impacted on severely multihandicapped infants 0-3 and their families. Future replication sites were identified. The southern Maryland tri-county area received outreach assistance in the areas of: staff training, follow-up consultation, child/parent programming, and evaluation. Opportunity to field-test the SNSP was provided by the replication sites and the two model classrooms and a replicating public school classroom in northwest Washington, D.C. University students, teachers,therapists, para-professionals and volunteers were trained in Washington, D.C., many from southern Maryland. Increased corrdination of services in D.C. was insured through UPSTART's membership in the D.C. Consortium of BEH Projects and its clearing house. UPSTART disseminated its developed program for profoundly/severely handicapped and offered assistance through awareness, training and consultive activities on a nationwide basis.

B. OVERVIEW OF OUTREACH ACTIVITIES BY GOAL AND OBJECTIVES

Project UPSTART's staff participated in the national effort to insure quality services for young handicapped children and their families. Project UPSTART's outreach activities assisted other agencies in meeting the early educational needs of young handicapped children and their families. The objectives and the community needs, which outreach assisted,are presented.

Objective 1 - Stimulate program development. UPSTART staff assisted three new sites, serving severely multihandicapped infants, with initial program planning, staff training and program implementation. Consultation and program monitoring was ongoing. The new sites began September, 1980.

One replication site is located in Southeast, Washington, D.C.

The second replication site is in St. Mary's County, Maryland. (For letters of confirmation, see Appendix p.51).St. Mary's County serves 1,300 special education

students over a rural area of 420 square miles with, for example, only two physical therapists. Professional expertise is limited. St. Mary's has asked D.C. Society for Crippled Children for assistance. The State of Maryland is mandated to serve handicapped infants, 0-3, and St. Mary's received our assistance with: establishing an infant program, staff training, parent programming, evaluation and behavior management.

The third new site consisted of a District of Columbia funded public school classroom based at D.C. Society in northwest Washington, D.C. This classroom provided UPSTART with the opportunity of field-testing its programs in an all day setting and subsequently modifying the program for this setting.

Planning for possible future outreach services has been extended to Charles and Calvert Counties; both have also asked for assistance.

Also see letter of support from Charles County, Appendix, p. 55 Calvert County asked for a collaborative meeting, March 12, 1980, with D.C. Society for Crippled Children. Initial inquiry into the needs of Calvert County regarding young handicapped children was made at that time.

Objective 2 - Provide Training. UPSTART's two model classrooms (See D.C. Society's letters confirming maintenance of these classrooms, Appendix, p. 49) offered as part of outreach, pre-service and in-service training to university students, high school students and volunteers. The model demonstration classrooms also coordinated and offered training opportunities to the three counties in southern Maryland. Many of these training activities involved working with university training programs and practicum-internship training.

High school students received credit for their training and work.

The Southeast Washington replication site, staffed with experienced personnel also coordinated and offered training to the counties in southern Maryland and Prince George's County. Broadening the available training sites in Washington, D.C. provided greater opportunity for students seeking practical experience with very young severely handicapped children. Since this is an underserved population, such training opportunities are difficult to find.

Project UPSTART outreach staff offered extensive workshop experience to the special education staff of St. Mary's County, Maryland, followed by classroom and therapy consultation and demonstration.

St. Mary's County has voiced concern about their difficulty in keeping up with staff training. They are rural and isolated with a high staff turn-over. UPSTART staff prepared trainees to train others.

Objective 3 - Develop Project Materials. Project UPSTART staff began to develop a soft-back "how to" book, for national distribution, describing: (a) the Sequenced Neuro-Sensorimotor Program; (b) how one develops a truly individualized program for each child that follows the structured sequence; (c) how one implements the program adjusting for rural and urban areas, home and centerbased programming; and (d) how one adjusts the sequential program for children at different levels of function. Project UPSTART has received many requests for its sequenced neuro-sensorimotor program.

Objective 4 - Insure National/State/Local Awareness. On-site demonstrations continued at the model program site. Southeast Washington site and St. Mary's County site successfully met the criteria for Project UPSTART's Sequenced Neuro-Sensorimotor Program and will be second generation sites next year. An article was published in the National Volunteer Magazine on Project UPSTART's volunteer program and distributed nationally. (See Appendix, p. 56). TADS included Project UPSTART in their published book listing projects serving the handicapped.

UPSTART staff noticed an increase in requests, both nationally and internationally whenever such publications appeared in national publication, indicating that such activities are meeting an existing need.

Objective 5 - Stimulate State Involvement. Project UPSTART continued to be a member of the D.C. Consortium of Handicapped Children's Programs, which it initially organized. Legislative study, input into state planning, a clearing house for information/referral/placement, and policy formation are all objectives of the D.C. Consortium.

The need for coordination of services is a well recognized need in the District. Input into the State Plan is an essential concern for all individuals and agencies involved with handicapped children. Outreach provided additional staff time which was prerequisite to participation in state planning.

Objective 6 - Become Involved In Other Specific Consultive Assistance. Needs were identified in the Tri-County area of southern Maryland.

Two follow-up meetings to identify needs were held with St. Mary's Director of Special Education and the principal of St. Mary's Comprehensive Special Education Center, January 29th and February 11, 1980. At all of these meetings, needs arose that could not be immediately met. Outreach funding enabled UPSTART outreach staff to assist in prioritizing needs and to offer consultive assistance.

C. BRIEF SUMMARY STATEMENT OF OBJECTIVES AND NEED

1. Two underserved areas, Southeast Washington, D.C. and St. Mary's County, Maryland, received assistance in establishing quality programs to serve severely multihandicapped infants. D.C.Public Schools became familiar with UPSTART's new program for SPA children.

2. Extension of training sites for university students, professional and para-professional personnel, and volunteers who are particularly interested in working with profoundly/severely handicapped infants was made possible with outreach funding for purpose of stimulating interest in expanding services to infants and to support additional training personnel.

3. Field testing of the Sequenced Neuro-Sensorimotor Program in urban and rural areas, home and center-based programs, was extended with outreach funding.

4. On-site demonstrations at replication sites, newsletter articles, response to requests to generate further national interest were accomplished.

5. Continued participation in state consortia, Washington, D.C. planning task forces, further involvement in southern Maryland and Maryland regional planning were facilitated through outreach funding of additional staff.

6. Prioritized additional expressed consultive needs were met when appropriate to UPSTART's outreach activities.

D. PRIORITIZED PRINCIPAL AND SUBORDINATE OBJECTIVES OF THE OUTREACH PROJECT FOR ONE YEAR OF ASSISTANCE

List of objectives was prioritized along lines of necessity. The list of principal objectives were objectives that were to be realistically accomplished in one year. The first four objectives are principal objectives. The last two objectives are subordinate.

Principal Objectives:

a. Assist in establishing two new replication sites;

b. Train staff, university students and volunteers;

c. Develop and publish Sequenced Neuro-Sensorimotor

Programs and procedure manual;

d. Increase national/state/local awareness.

Subordinate Objectives:

a. Stimulate state involvement through consortia and participation in state planning activities;

b. Prioritize and meet other specific consultive needs.

III. PERFORMANCE REPORT

A. SUMMARY OF OUTREACH ACCOMPLISHMENTS

III. PERFORMANCE REPORT

A. SUMMARY OF OUTREACH ACCOMPLISHMENTS

The goal of UPSTART's Outreach Project has been to develop outreach activities which will assist other agencies to meet the early educational needs of young children, on local, state and national levels, with improved quality of service.

1. Benefits accrued from stimulating program development. On the local level of outreach, assistance was extended to a new program for severely multihandicapped infants. The site is in a Southeast Washington, D.C. church school building. Among the black community, the influence of the church is considerable. This particular church membership noted the lack of services for handicapped children in Southeast and asked for a collaborative project between Holy Communion Church and The D.C. Society for Crippled Children. The staff at this replication site implemented the Sequenced Neuro-Sensorimotor Program developed by Project UPSTART. The results were:

a. The quality of service for severely multihandicapped infants was improved in Southeast, Washington, D.C.;

b. Local awareness of the needs of handicapped infants for quality service increased;

c. The black community became mobilized and actively sought additional services for handicapped infants from the state (D.C. Government);

d. The Southeast citizens expressed appreciation for the interest, concern and services to a "forgotten part of the city".

Extension of outreach services to another state occurred with the September, 1980, opening of a replication program for severely multihandicapped infants in St. Mary's County, Maryland. St. Mary's County is rural and isolated,and it is difficult to attract and keep therapists and special education staff to serve their handicapped children. When D.C. Society announced that, as an Easter Seal agency, it was extending limited services into Southern Maryland, St. Mary's Director of Special Education asked for assistance. One of the greatest needs was for an infant program, which parents of St. Mary's handicapped infants were requesting. St. Mary's infant program implemented

the Sequenced Neuro-Sensorimotor Program. The results were:

a. Support, such as training and consultation, resulted in a speedy implementation of heretofore non-existent service to severely multi-handicapped infants in St. Mary's County;

b. The implementation of techniques of neuro-developmental therapy and sensory integrative therapy facilitated interest among St. Mary's staff, both educators and therapist, in acquiring the skills appropriate to each discipline;

c. Interest and approval was expressed by St. Mary 's parents, therapy and special education staff in the Sequenced Neuro-Sensorimotor Program;

d. St. Mary's Special Education Administrators considered extending services to handicapped infants using the same model developed through outreach assistance.

Limited services were offered to Charles County, Calvert County and Prince George's County. The results were:

Two counties have committed themselves to replicating the SNSP.

Impact at the national level was observed.

Requests to visit the replication and model demonstration sites were received from outside D.C. and Maryland agencies.

Note further documented impact of quality service programs in terms of handicapping condition and personnel.

2. Benefits accrued from training activities. The two model demonstration classrooms at The D.C.Society locally offered training to university students, para-professionals and volunteers from the Washington, D.C. area, as well as southern Maryland, as an outreach activity of the coordinator/trainer. Specific training in the implementation

of the Sequenced Neuro-Sensorimotor Program was a major focus of training activities. The results are:

a. Universities reported positively on their students' experience;

b. Para-professional persons and volunteers evidenced improved skills in working with children;

c. St. Mary's County special educational personnel expressed satisfaction with the intellectual stimulation and enthusiasm on contact with a professional opportunity outside their county.

The outreach coordinator/trainer in Southeast Washington, D.C. also had local impact on the training needs of the Washington, D.C. community. Specific training in the implementation of the Sequenced Neuro-Sensorimotor Program also was a major focus of their training activities. The results are:

a. Universities reported positively on their students' experience;

b. Para-professional persons and volunteers evidenced improved skills in working with children.

The outreach staff in southern Maryland as a state effort initially concentrated on training at St. Mary's replication site. Toward the end of the year, they extended into Charles and Calvert Counties. Results obtained:

a. St. Mary's County Special Education teachers and therapists reported positively on their training experience;

b. Para-professional persons and volunteers evidenced improved skills in working with children;

c. Requests from the other counties were received asking for similar training packages.

3. Benefits accrued from developing project materials. The Sequenced Neuro-Sensorimotor Program (SNSP) was field tested in an urban inner-city setting and a

rural setting. The rural program had greater emphasis on parent programming. Documentation of various methods of implementing the SNSP, depending on whether urban, rural, home-based or center-based is invaluable information that should be available for dissemination and can only be accomplished with further experience in its use. Results obtained:

a. Implementation of the SNSP in the two replication sites demonstrated that it is an effective program whether implemented in an urban primarily center-based setting or in a rural setting with a stronger home component emphasis;

b. Documentation of various methods of implementing the SNSP was considered helpful as noted through requests for this information from urban, rural, home and center-based settings.

Publication of the Sequenced Neuro-Sensorimotor Program was accomplished through outreach assistance. Results obtained:

a. Requests for the SNSP more than doubled.

4. Benefits accrued from increasing national/state/local awareness. With outreach assistance, the number of sites demonstrating UPSTART's program increased. With greater availability, these results were obtained:

a. The number of total requests for site visits doubled;

b. Visitors continued to indicate satisfaction with this aspect of demonstration and dissemination.

Articles appeared in newsletters with national distribution. Results obtained:

a. Requests for available materials increased, nationally and internationally;

b. Recipients indicated satisfaction with the materials.

5. Benefits accrued from increasing state involvement. Project UPSTART continued to be a member of The D.C. Consortium of Handicapped Children's Programs and maintained input into state planning, a state-wide clearing house for information/referral/placement, legislative study and policy formation. UPSTART also maintained involvement with The D.C. Association of Independent Special Education Facilities and The Infant Consortium of Metropolitan Washington. Results obtained:

a. With the additional staff time, provided through outreach assistance, state planning activities increased in the District of Columbia.

6. Benefits accrued from involvement in other specific consultive activities. Meetings between tri-county agencies (St. Mary's, Charles, Calvert), D.C. Society and UPSTART staff and Prince George's continued. The need for consultive assistance and staff training has been identified. Results obtained:

a. Additional needs were stated;

b. Requests for assistance increased;

c. Plans were made for further outreach assistance since funding became available;

d. Satisfaction was indicated by the county agencies which do receive assistance.

TABLE I

OUTREACH

IMPACT DATA SUMMARY

END OF YEAR IMPACT DATA RESULTING FROM PROJECT UPSTART OUTREACH ACTIVITIES

ACTIVITIES	PARTICIPATION	RESULTS
Stimulating Sites		
Changes in organization as a result of using model components	3 sites	St. Mary's County, Maryland, site provided more therapy time, release time for staff training, and changed organization of activity schedules. Southeast Center, Washington, D.C. developed close staff relationships and changed organization of activity schedule. D.C. Public School classroom at D.C. Society developed an all day sequence.
Program continuation and replication	3 sites	St. Mary's County Infant Education Program has been monitored by four outreach staff, once monthly, and has been judged to have an appropriate developmental flow of activities throughout the interaction period. Southeast Center successfully met criteria for replication of the SNS Program and will be a second generation site. D.C. Public School classroom at D.C. Society has been monitored by four outreach staff. They had problems at the beginning of year because of all day class and staff turnover. However, by end of year they were developing an appropriate sequence flow.
Program continuation and replication	2 model classrooms at D.C. Society	One model classroom for profoundly handicapped is demonstrating a well-established SNS Program. The second classroom has all new staff working with severely handicapped. On monitoring, this classroom was found to need improvement in areas, but otherwise to be replicating the SNS Program.

OUTREACH
END OF YEAR
DATA
(continued)

ACTIVITIES	PARTICIPATION	RESULTS
Program services provided at these sites as follows:		
Total children/families served, all sites		79 children/families
Total visitors, all sites		587 visitors
Total number of classrooms		6 classrooms
model components uses with or without adaptations:		5 components
Sequenced Neuro-Sensorimotor Program		
Evaluation Package		
Classroom needs		
Behavior management		
Team service delivery		
Product Development/Distribution		
Items for which copyright or patent has been obtained	2 staff Linc Lawyer	Lawyer in midst of patent search and copyright in process for 2 items.
Number of children receiving new/ improved services, use of selected materials/components of model	2 continuation classrooms 4 replication classrooms	79 children
Requests for products	Treatment centers, Therapists, teachers, Administrators, Teacher assistants, National/International schools	68 total requests to date
Slide Presentation	Completed syncronyzed slide presentation including history, demonstration and outreach using the SNSP. Consultant used to facilitate a professional product.	Script, slides, now available for overview of program.
Training packets		106

OUTREACH
END OF YEAR
DATA
(continued)

ACTIVITIES	PARTICIPATION	RESULTS
Awareness		
Visitors to replication sites and demonstration sites		584 visitors
Number contacts resulting in state involvement	4 outreach staff	32 contacts
After presentations, requests for information		68 requests
Training		
Number of handicapped children served by number of persons reaching criterion training	7 classrooms	117
American University undergraduates field experience	2 students	placed in UPSTART demonstration classrooms
Howard University CORE program for Allied Health Services major includes placement in demonstration classrooms as part of class work fulfillment	2 students	Howard continues yearly to place college students in our demonstration classrooms
U.D.C. uses our S.P.H. demonstration classroom for a practicum training	2 students	U.D.C. has, for 4 years, placed graduate students in UPSTART demonstration classrooms
Participant satisfaction	Attendees at workshop presentation	Varies according to level of presentation and educational level of attendees. Only generalizations we can make is that workshops with "line" demonstrations and most expecially "hands-on" experience are best received.
Agencies granting release time for workshops and training activities	Kilby Easter Seals, St. Mary's, D.C. Public Schools, Georgetown University, Howard University, John Carroll High School Visitation	Eight agencies

OUTREACH
END OF YEAR
DATA
(continued)

ACTIVITIES	PARTICIPATION	RESULTS
Practicum/Internship sites	George Washington University	3 students completing their CFY year in speech and hearing
	U.D.C.	1 graduate student teaching practicuum
Volunteers	John Carroll Visitation	2 14
State Involvement/Coordination		
Development and implementation of EC State Plan	3 staff from model site and outreach staff	Received requests for involvement on various committees from D.C. Public Schools
Developing and amending state legislation for EC	1 staff from model site	Involved in regulations regarding IEP
New Positions/Structure for EC within S.E.A.	3 outreach staff at D.C. Consortium meetings	Consortium Development Coordinator participated in writing the SIG goals and objectives
SEA approved and fiscal support of EC programs	1 replication	D.C. Public Schools supports an SPH classroom at D.C. Society replicating the SNS Program Maryland Public Schools at required conference pointed to St. Mary's Infant Education Program as the most successful in the country.
	2 staff, outreach and model program with D. C. Department of Special Ed personnel innumerable times to advocate increased state based involvement with handicapped preschoolers and infants.	S.E.A., D.C. Public Schools reversed its policy about not having preschool liasion in Special Ed office. Also the S.E.A. revised policy of not serving preschool handicapped.

OUTREACH
END OF YEAR
DATA
(continued)

ACTIVITIES	PARTICIPATION	RESULTS
Coordinate plans for HCEEP Consortium to focus efforts and avoid duplication	2 outreach staff participated in writing plan	Plan is stated in the Consortium goals and objectives
Other		
Related projects funded	Proposal submitted by outreach director	Small grant received to plan proposal for researching impact of SNSP on child progress
New SEA positions for Ec	Outreach Director	Supported by letter and discussion, the Pre-School Incentive Grant and the State Implementation Grant
Greater Interagency coordination	All outreach staff, many from replication and demonstration sites	D.C. Consortium established Action Line for referral D.C. Public Schools funded classroom at D.C. Society The Talent Indentification placement service of D.C. Consortium refers personnel to all agencies. At Maryland State Regional meeting, note is taken of collaborative effort between their staff and a private agency.
Presentations and workshops	Over the course of this year Project UPSTART conducted three all day workshops and two presentations. These included parents, staff from other agencies, HCEEP projects, physicians, and administrators	As a result, 166 participants have been exposed to or trained in the SNSP

OUTREACH
END OF YEAR
DATA
(continued)

ACTIVITIES	PARTICIPATION	RESULTS
Consultants	2 Georgetown consultants presented two full day work shops on NDT/ SI approach with a follow up of 6 hand on consulta- tion day to two replica- tion sites.	A more intense training in NDT/SI to meet the needs of the replication sites staff to better enable them to implement the SNSP.

B. EXPANDED REPORT

B. EXPANDED REPORT

1. Facilities and Equipment

ST. MARY'S INFANT EDUCATION PROGRAM The program consists of a combination of home-based and center-based services for moderately to severely handicapped infants, ages birth through two years; two or more delays were exhibited in either: cognitive ability, communicative-linguistic abilities, psychosocial skills. Weekly home visits last one to two hours. The one center visit, with parent, lasts 2-3 hours. Personnel consists of: Early Childhood/infant Specialist; Education Teacher (full-time); Aide/Driver (Full-time); Speech and Language Pathologist (part-time); Occupational Therapist (part-time); Psychologist (part-time); Vision Therapist (part-time); Hearing Therapist (part-time).

The classroom is approximately 21 feet by 25 feet with an observation booth equipped with a one-way mirror and sound box. The classroom is equipped with a door which has a window that exits outside the building. There is a sink in the room. Tables and chairs are adapted to the approximate height. There are scooter boards, cut-out table tops, adapted chairs, corner chairs, wedges and straps for various purposes such as normal positioning and behavior control.

Weekly home visits built into the program allow staff to monitor an appropriate home environment as well as allowing staff to include weekly consultation in areas such as: appropriate toys, adapting home furnishings for positioning during play and feeding, and handling during bathing and parent therapy time.

SOUTHEAST CENTER - REPLICATION SITE Four rooms in a church school building were used for this outreach site. The classrooms are 14 feet by 25 feet. The therapy room is 29 feet by 15 feet. Cabinets and storage space are available as well as sinks. Bathrooms are appropriate for children and the building is accessible for the handicapped. Appropriate tables and chairs are available. Adaptive equipment for the physically handicapped is installed. Learning materials for the developmentally delayed are available. The staffing pattern was: center coordinator, teacher, teacher assistant, occupational therapist, speech pathologist, physical therapist, secretary. The site is on the corner of Martin Luther King, Jr. Avenue and Upsal Street, Southeast, Washington, D.C. The program is primarily center-based, 2½ hours, four days per week.

D.C. PUBLIC SCHOOL CLASSROOM at D.C. Society for Crippled Children, Inc., the same in size and equipment as the continuation classrooms that are funded by D.C. Society.

2. Specific Indices for Measuring and Documenting Impact of Outreach Efforts Relative to Other Goals of the Outreach Program

The stimulation of high-quality services to young handicapped children and their families will result in quantifiable gains which are the sine qua non of outreach project effectiveness. A discussion follows. For impact measures of the quality for the outreach model itself, please see p.

The continuation model and D.C. Public School replication site at D.C. Society for Crippled Children, in addition to the listed instruments, used the Vineland and Cattell or Callier-Azusa, administered by a third party, as a standardized objective measure of progress. (For list of instruments, see p. 158). The Southeast Center, the continuation model, and the D.C. Public School replication site used the following:

The Test of Gross Motor and Reflex Development, which is administered by an OT or PT. The REEL is administered by a speech pathologist. A criterion referenced instrument, which gives entry levels for intervention and is broad enough to give a description of the child's strengths and weaknesses, is used by the teacher -- The Early Learning Accomplishment Profile. All tests are administered twice, once at the beginning of the school year and once at the end of the year. The E-LAP is also administered before the annual review date.

The evaluation of parent satisfaction was made available through use of two parent questionnaires: The Parent "Help Wanted" Questionnaire and the Parent "Help Received" Questionnaire. A percentage of expressed needs-met is calculated. Change in the level of stimulation in the home and quality of parent/child interaction is assessed with use of the Caldwell's Home Inventory.

3. Benefits Accrued From Stimulating Program Development

ST. MARY'S COUNTY INFANT EDUCATION PROGRAM

Child Services: Thirteen children have been served in a combined center and home program. Children were seen in the classroom 1/2 day a week and at home 1/2 day a week. Four members of the outreach team monitored the program, critera were met indicating that the SNS Program has been replicated. Data is not collected on child progress in this program until the end of the year. Staff clinical observation indicates that considerable gains have been made.

Family Services: Four hundred eighty six visits were made by staff in the home. This replication site has a strong parent-home component.

Dissimination: Ten visitors observed this replicated program in St. Mary's County in southern Maryland. A student in Occupational Therapy from the University of Maryland at Towson received pre-service training at this replication site.

Evaluation: Post data was available at end of the year. See p. for data shared with Project UPSTART.

Staff Training: Our full day orientation to the program was attended by all but one staff member of the Infant Education Program. The outreach staff subsequently drove down for day-long consultation and hands-on training with St. Mary's Infant Education staff ten times.

SOUTHEAST CENTER, WASHINGTON, D.C.

Child Services: In their primarily center-based program, 30 children have been served. Classroom charts for group classroom

sequencing along a developmental flow of activities has been developed. Individual sequenced plans for each child have been developed. IEP's have been developed for all children. Therapeutic and educational activities were interwoven by classroom team therapists, teachers and assistants. See p. 167 for child end of year reports.

Family Services: Fifty visits have been made in the home. Forty visits to the center were made by parents.

Dissemination: One hundred fifty visitors observed this replication of the SNS Program in Southeast Washington, D.C. (see p. 31). The following agencies have sent visitors to the replication site: Anacostia Pre-school; Howard University; U.P.O.

Evaluation: See the following page for documentation of children's end of year gains, p. 59.Refer to p. 120 for a list of evaluative instruments.

Staff Development: Few of the staff at this center have training in NDT or SI. A plan has therefore been developed and followed for staff training. An all-day introductory workshop to the SNS Program was attended. Two day-long workshops in neuro-developmental therapy and techniques of sensory integration have been concluded. Skill development in NDT/SI was insured through maintaining contact with the outreach staff for training and consultation, and through attendance at mini-workshops offered by Georgetown University Child Development Center therapists. Two OT's attended the NDT course in Mexico this summer. Our full day Orientation was attended by our staff. The outreach staff visited the Southeast Center eight times for hands-on training and consultative purposes.

D.C. PUBLIC SCHOOL CLASSROOM

Child Services: An all-day classroom is maintained for these severely and profoundly handicapped public school children. Therapeutic and educational activities were sequentially presented along a continuum throughout the morning and afternoon. This classroom provided an opportunity for adjusting the SNS Program to accomodate a much longer intervention period. Seven were served. (See p. 68 for progress data and Sequence Program, p. 129).

Family Services: Ten home visits have been made. Parents participating in individual conferences number fourteen. The number attending group meetings was eight.

Dissemination: Dissemination has occured within the D.C. Public Schools, who fund this program, as well as to the two university students (OT, PT) who participate. Four hundred twenty four visitors observed this classroom through one-way windows. For a more in-depth visit, eighteen persons went into the classroom and talked with the staff.

Evaluation: See the following page for documentation of children's end of year gains. The IEP included a method of mid-term notation of short-term behaviorial objectives. For documentation of parent program, see p. 33. A list of assessment measures may be found on p. 120.

Staff Development: Staff participated in the same program provided to the continuation model demonstration staff: four workshops, twelve outreach team observations or consultations; as well as six Georgetown consultation visits were made.

ACTIVITIES DEVELOPED DURING DEMONSTRATION THAT ARE BEING USED IN OUTREACH

Services to Children: The program UPSTART developed, the Sequenced Neuro-Sensorimotor Program, will continue to be implemented in these classrooms. All classroom materials developed specific to this program (SNSP) will be displayed. The actual sequence or "develomental flow" of activities will be demonstrated by teachers, assistants, therapists and children.

Services to Families: Demonstrations of working with a parent were offered. Discussions on parent programming in an urban hard-core poverty area were encouraged. The parent "Help Wanted" and "Help Received" questionnaires were made available.

Demonstration/Dissemination: Members of the community, professionals, administrators and all visitors had the opportunity to observe the two continuation model demonstration classrooms. Materials were made available (see p. 122 for how to "start-up" a replication program; p. 127 for how to develop an individualized SNSP for each child; p. 158 for list of assessment instruments.)

Staff Development/Training: Acquistion of techniques in neuro-developmental therapy and sensory integration are essential to the implementation of this program. Project staff demonstration of these specific skills were observed by visitors to the demonstration site. The demonstration staff was observed imparting these skills to university students during their practicum or field work experience. The model staff also trained volunteers and parents and were observed while engaged in these activities.

TWO CONTINUATION MODEL DEMONSTRATION CLASSROOMS

Child Services: IEP's have been completed on 24 children (See Appendix p. 159 for sample IEP with end of first year update). Therapeutic activities were interwoven with educational activities for profoundly and severely handicapped infants and preschoolers. The developed Sequenced Neuro-Sensorimotor Program was well demonstrated in the classroom for the profoundly handicapped. The classroom for severely handicapped had new personnel, and in three areas, is working toward better compliance with the model. Each child had a written plan for an individual sequential flow of activity which followed the principles of neuro-developmental therapy and sensory integrative therapy (See p. 71 for specific gains). It should be noted that children in the classroom for the severely handicapped were beyond criterion expectancy for end of year. However, the profoundly handicapped were below expectance in some areas due to illness and absence, as well as severity of physical involvement.. Many of their areas of improvement are not reflected on our traditional assessment instruments.

Parent/Family Services: There have been 24 home visits made. Eighty visits were made to the agency by parents of children in these classrooms. At these times, parents were provided the opportunity to observe their child in the classroom while engaged in therapeutic and educational activities. They learned the concept of "preparing the child for learning" and the procedures involved. Parents were taught skills essential to implementing at home certain

components of the Sequenced Neuro-Sensorimotor Program. Selection of components to be replicated at home depends upon: parent skill, time availability, parent/child interaction when parent becomes "teacher" or "therapist" individual child's need for structured home-time. Special programs have been planned for parents.

Demonstration: Four hundred and twenty four visitors observed the model program through one-way windows. The center coordinator gave a brief explanation about the past three years of program development, the continuation classrooms, and the first year outreach grant. Source of funding through OSE was mentioned. Visitors then had an opportunity to ask questions of the coordinator. A different type of visit was made by 160 people. These persons went into the classrooms, many spending an hour or more with an opportunity for close observation, after they received a brief introduction from the center coordinator. They then were able to question all team staff members about the program and the children's response to it. The following agencies are representative of those sending visitors: D.C. Public Schools; Visiting Nurses; Universities; Elementary and Secondary schools; foundations; WJLA; board members. Trainees in these two classrooms have included: a speech pathologist in her CFY year from George Washington University; a teacher assistant enrolled in a physical therapy program at the University of Maryland; a second year occupational therapy student from Howard University; a certified O.T. assistant also enrolled in a P.T. program at the University of Maryland.

Evaluation: See the following page for documentation of

children's end of year gains. Note that the IEP (See sample, p. 159) which the outreach team assisted in developing, includes a method for notation of accomplishment of IEP short-term behavorial objectives. A list of assessment measures may be found on p.158.

Staff Development: Two day-long workshops in neuro-developmental therapy and techniques of sensory integration have been attended by staff in these classrooms. One day-long introductory workshop to the SNS Program was attended. The outreach staff has observed and consulted a total of 28 times in these two classrooms. One visit for observation and one workshop on respiration and trunk control have been presented by Georgetown University NDT and SI trained PTs and OTs with ongoing workshops and consultation days.

TABLE II

ST. MARY'S COUNTY, MARYLAND INFANT EDUCATION PROGRAM

END OF YEAR DATA FOR REPLICATION SITE 1

ACTIVITIES	BREAKDOWN	TOTALS
Child Services:		
Total number of children served		13
Staff	Teacher	5
	Assistant	
	Occupational Therapist	
	Speech Therapist	
	Psychologist	
Funding: St. Mary's County Public Schools		
Classrooms:		
Model Components used without adaptation	Sequenced Neuro-Sensorimotor Programs	1
Child Programs:	Documented data shared with Project UPSTART is available on p. 81	
Family Services:		
Number of families impacted		13
Number in individual conferences		486
Number attending group meetings		60
Demonstration Dissemination:		
Visitors		10
Observation/awareness		8
In-class visit with staff		5
Consultation		6

Contact Person: Rick Wirth
Felix Johnson Educational Center
220 Tulage Street
Lexington Park, Maryland 20653
Phone: (301) 863-7495

TABLE III
MILD/MODERATELY HANDICAPPED

END OF YEAR DATA FOR REPLICATION SITE SOUTHEAST CENTER, WASHINGTON, D.C.

ACTIVITIES	BREAKDOWN	TOTALS
Child Services:		
Total number of children served		15
Staff	1 Teacher	7
	1 assistant	
	1 Speech Therapist	
	1 Occupational Therapist	
	1 Physical Therapist	
	1 Coordinator	
	1 Secretary	
Funding: Developmental Disabilities		
D.C. Society for Crippled Children		
Red-skin Foundation		
Classrooms:		
Model Components used without adaptation	Sequenced Neuro-Sensorimotor	1
	Behavior Management	1
Child Programs:		
E-Lap	Overall average gain	5.2
	Gross Motor	6.0
	Fine Motor	13.0
	Self-help	6.3
	Social	7.3
	Language	10.0
	Cognitive	11.0
Reel	Receptive	8.0
	Expressive	7.1
GMRD		4.0
Vineland		--
Callier Azusa		--
Cattell		--
Family Services:		
Number of families impacted		15
Number in individual conferences		30
Number attending group meetings		16
Demonstration Dissemination:		
Visitors		150
Observation/Awareness		15
In Class visit with staff		15
Consultation		6

Contact Person: Ms. Norma Evans
3640 Martin Luther King, Jr. Avenue, S.E., Washington, D.C. 20032
Phone: (202) 562-7112

TABLE IV
SEVERELY/PROFOUNDLY HANDICAPPED
END OF YEAR DATA FOR REPLICATION SITE SOUTHEAST CENTER, WASHINGTON, D.C.

ACTIVITIES	BREAKDOWN	TOTALS
Child Services:		
Total number of children served		14
Staff	1 Teacher	7
	1 assistant	
	1 Speech Therapist	
	1 Occupational Therapist	
	1 Physical Therapist	
	1 Coordinator	
	1 Secretary	
Funding: Developmental Disabilities		
D.C. Society for Crippled Children		
Red-skin Foundation		
Classrooms:		
Model Components used without adaptation	Sequenced Neuro-Sensori-	1
	motor	1
	Behavior Management	
Child Programs:		
E-Lap	Overall average gain	2.4
	Gross Motor	3.0
	Fine Motor	5.0
	Self-help	3.0
	Social	3.0
	Language	4.3
	Cognitive	3.0
Reel	Receptive	5.0
	Expressive	5.0
GMRD		3.0
Vineland		--
Callier Azusa		--
Cattell		--
Family Services:		
Number of families impacted		14
Number in individual conferences		28
Number attending group meetings		12
Demonstration Dissemination:		
Visitors		150
Observation/Awareness		17
In Class Visit with staff		15
Consultation		6

Contact: Ms. Norma Evans, 3640 Martin Luther King, Jr., Ave, Washington D.C. 20032 (202) 562-7112

TABLE V
SEVERELY/PROFOUNDLY HANDICAPPED

END OF YEAR DATA FOR REPLICATION SITE D.C. PUBLIC SCHOOL CLASSROOM, AT D.C. SOCIETY, WASHINGTON, D.C.

ACTIVITIES	BREAKDOWN	TOTALS
Child Services:		
Total number of children served		7
Staff	1 teacher 1 teacher assistant 1 speech consultant 1 certified occupational therapy assistant 1 secretary, half-time 1 coordinator, half-time	5
Funding: D.C. Public Schools Tuition Grant		
Classrooms:		1
Child Programs:		
E-Lap	Overall Average gain	8.0
	Gross Motor	4.4
	Fine Motor	6.0
	Self-help	6.0
	Social	4.0
	Language	4.1
	Cognitive	6.0
Reel	Receptive	3.0
	Expressive	2.0
GMRD		10.0
Vineland		5.0
Callier Azusa		--
Cattell		3.0
Family Services:		
Number of families impacted		7
Number in individual conferences		18
Number attending group meetings		8
Demonstration Dissemination:		
Visitors		424
Observation/Awareness		190
In Class visit with staff		12
Consultation		6

Contact Person: Ms. Thelma Mullin
2800 13th Street, N.W., Washington, D.C.
Phone: (202) 232-2342

TABLE VI

SEVERELY HANDICAPPED

END OF YEAR DATA FOR CONTINUATION ON-SITE MODEL DEMONSTRATION

ACTIVITIES	BREAKDOWN	TOTALS
Child Services		
Total number of children served		14
Staff	1 teacher	7
	1 teacher assistant	
	1 registered, half-time Occupational Therapist	
	1 licensed Physical Therapist	
	1 half-time Speech Therapist	
	1 Coordinator	
	1 Secretary	
Funding: D.C. Society for Crippled Children		
Classrooms:		
Model Components used without adaptation	Sequenced Neuro-Sensor-	1
	imotor	1
	Behavior Management	
Child Programs:		
E-lap	Overall average gain	6.0
	Gross Motor	6.0
	Fine Motor	7.2
	Self-help	5.0
	Social	11.0
	Language	8.0
	Cognitive	9.0
Reel	Receptive	6.4
	Expressive	14.0
GMRD		2.0
Vineland		7.3
Callier Azusa		--
Cattell		4.0
Family Services:		
Number of families impacted		14
Number in individual conferences		28
Number attending group meetings		20
Demonstration Dissemination:		
Visitors		424
Observation/Awareness		140
In Class visit with staff		49
Consultation		9

Contact Person: Mrs. Thelma Mullin Phone: (202) 232-2342
2800 13th Street, N.W., Washington, D.C. 20009

*See narrative; note no regression among such profoundly physically ill children.

TABLE VII
PROFOUNDLY HANDICAPPED

END OF YEAR DATA FOR CONTINUATION ON-SITE MODEL DEMONSTRATION

ACTIVITIES	BREAKDOWN	TOTALS
Child Services		
Total Number of children served		16
Staff	1 teacher	7
	1 teacher assistant	
	1 registered half-time Occupational Therapist	
	1 licensed Physical Therapist	
	1 half-time Speech Therapist	
	1 Coordinator	
	1 Secretary	
Funding: D.C. Society for Crippled Children		
Classrooms:		
Model Components used without adaptation	Sequenced Neuro-Sensori-motor	1
	Behavior Management	1
Child Programs:		
E-Lap	Overall average gain	2.0
	Gross Motor	1.0
	Fine Motor	0.2
	Self-help	1.0
	Social	1.0
	Language	2.0
	Cognitive	1.0
Reel	Receptive	2.0
	Expressive	2.0
GMRD		4.0
Vineland		1.4
Callier Azusa		1.3
Cattell		3.0
Family Services :		
Number of families impacted		16
Number in individual conferences		32
Number attending group meetings		18
Demonstration Dissemination:		
Visitors		424
Observation/Awareness		143
In Class Visit with staff		50
Consultation		10

Contact Person: Mrs. Thelma Mullin Phone: (202) 232-2342
2800 13th Street, N.W., Washington, D.C. 20009

* See narrative; note no regression among such profoundly physically ill children.

4. Benefits from Training Activities

The level of impact through outreach training activities may be assessed in part by the level of skill development among trainees. Seventy-nine children have been served by twelve persons meeting criterion training which is an additional measure of impact. See Appendix on p. 16 (Also see Appendix on p. 175 for sample of certificate awarded to those persons achieving criteria. A measure of appreciation of the quality of training offered by UPSTART outreach is to be found in the decision at university level to send undergraduates and graduate students into the demonstration and replication site classrooms. Howard University, George Washington University, The University of the District of Columbia and American University have placed six students in UPSTART classrooms. The following agencies granted release time for their students and staff, totalling 166, to attend UPSTART's workshops and training activities: Kilby Easter Seal Treatment Center, St. Mary's Public Schools, D.C. Public Schools, Georgetown University, Howard University, American University, George Washington University, Southeast Center, United Planning Organizations, Parent-Child Center, Anacostia Pre-School.

5. Benefits from Developing Project Materials

There are two items for which copyright or patent is in the process of being obtained. Two staff members attended a LINC workshop to further refine our products for which there have been 90 requests. As soon as the patent, copyright, and revisions are complete, widespread news coverage will result in increased requests for materials. The number of children who are known to be receiving new/improved services via use of selective materials/component of the model is 24.

This year the Outreach staff has worked on completion of a syncronized slide-video tape cassette ten minute presentation. This presentation will be of great benefit to the project,as well as other staff members,for awareness, training and stimulating sites. It could also be sent by mail or loaned to other agencies or professionals to use. This will enhance greatly the dissemination of Project UPSTART. The outreach staff has also nearly finished its Start Up Manual, which specifically describes,step by step, the procedure on how to develop the SNSP. (See Appendix on p. 122).

6. Benefits from Increasing National/State/Local Awareness

After introductory presentations this year, there have been 54 various requests for information. A total of 587 visitors have toured the replication and continuation sites. Project UPSTART has had the opportunity to present at the TASH Conference and

the First Step Conference. Approximately 70 participants were involved at a national level. The article which appeared in the National Volunteer Magazine also allowed for tremendous exposure at a national level. Project UPSTART's Director participated in authoring WESTAR paper series #11 addressing the importance of early intervention.

7. Benefits from Increasing State Level Involvement

Requests from the State Education Agency for involvement of UPSTART staff in developing and implementing the state plan for Early Childhood Education is another impact measure. D.C. Public Schools has obtained participation of three UPSTART staff, from the model and outreach components, on various committees for establishing or revising specific areas in the state plan. In addition, UPSTART has received a request from the Preschool Incentive Grant to assist in writing guidelines for preschool education. UPSTART staff has been involved in certifying state regulations regarding the IEP. UPSTART has supported the D.C. Consortium Development Coordinator who participated in writing the SIG goals and objectives, and our outreach staff meets with SIG personnel for cooperative planning. The SEA, D.C. Public Schools, approved and provided fiscal support for an SPH classroom at D.C. Society that has replicated the program. Another SEA, Maryland Public Schools, had at a regional conference, pointed to St. Mary's County Infant Education Program (which replicated the SNS program) as the most successful infant program in the Southern Maryland region. As a result of repeated meetings, four outreach staff have made 21 contacts which subsequently resulted in increased state involvement. Local agencies meet regularly to share intervention strategies. The D.C. Consortium, of which UPSTART is a member, established an "action line" for referral and advocacy. The talent identification placement service of the D.C. Consortium refers personnel to all agencies. At a Maryland State regional meeting, attention was called to the collaboration between UPSTART and St. Mary's Infant Education staff and administrators.

8. Benefits from Other Activities

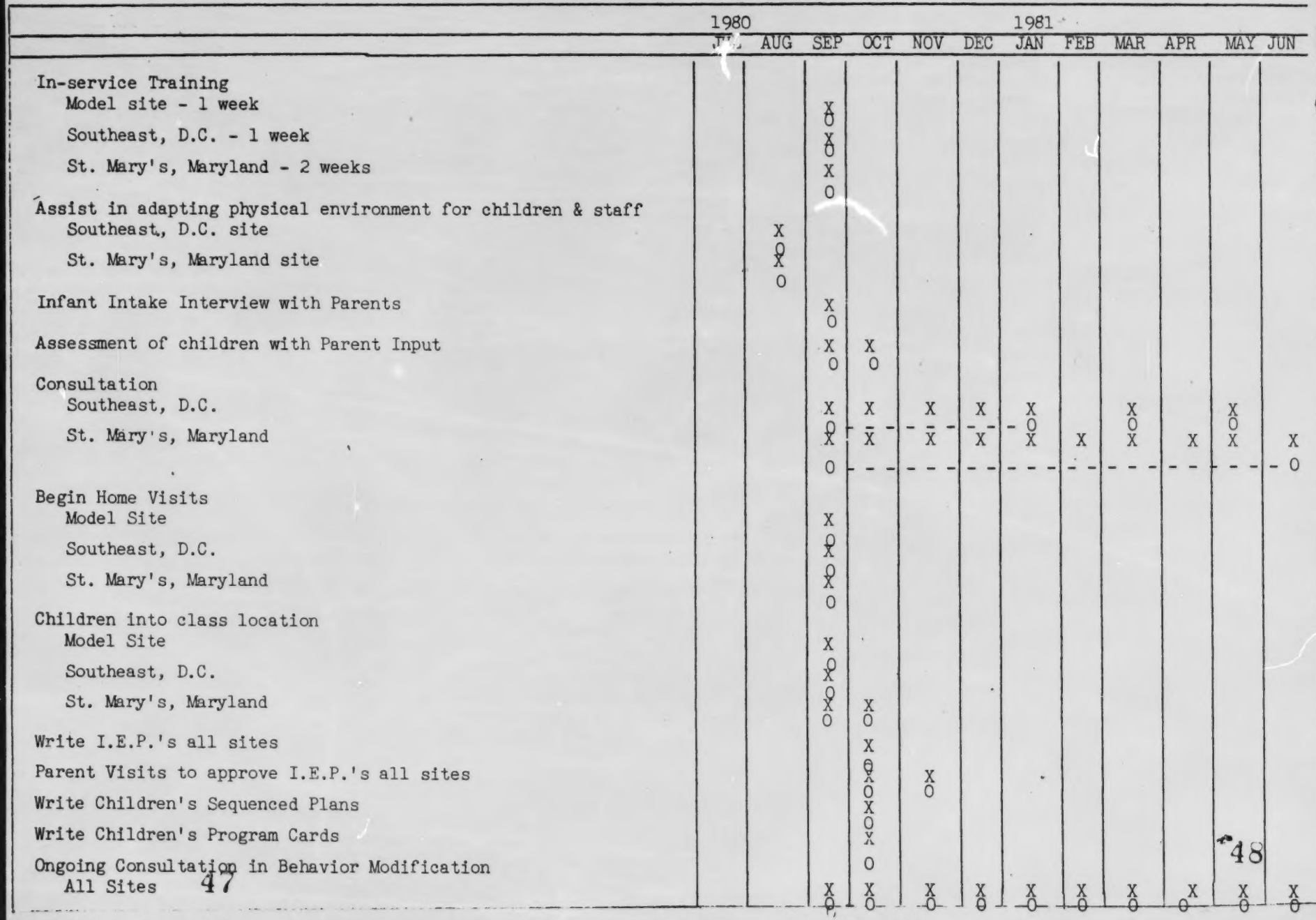
1. National Easter Seals has awarded a small research planning grant to UPSTART to develop an investigation of the effects of its SNSP program upon child progress.

2. New SEA positions have been established for EC. UPSTART supported the establishment of the Pre-School Incentive Grant and the State Implementation Grant.

3. All the outreach staff and many staff from our replication and demonstration sites have supported and participated in greater interagency coordination.

C. ADHERENCE TO PROJECT PLANS

PROJECT TIMELINE *



* KEY X= anticipated time line. O = achieved dates of accomplishment

PROJECT TIMELINE *

	1980						1981					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Operation of classroom therapies & parent programs			X	X	X	X	X	X	X	X	X	X
			0	- -	- -	- -	- -	- -	- -	- -	- -	- 0
University Student Trainees												
Model Site			X	X	X	X	X	X	X	X	X	X
			0	- -	- -	- -	- -	- -	- -	- -	- -	- 0
Southeast, D.C.			X	X	X	X	X	X	X	X	X	X
Southern, Maryland (depends on previous staff experience) **			0	- -	- -	- -	- -	- -	- -	- -	- -	-0
Advisory Committee meets from all sites ***					X			X			X	
								0				
Review all I.E.P.'s all sites							X					
							0					
Parents in for Annual Review, all sites								X	X			
								0	0			
Possibly reduce input to replication sites if criteria are met							X					
							0					
Parent counseling, individual and group meetings, all sites			X	X	X	X	X	X	X	X	X	X
			0	--	- -	- -	- -	- -	- -	- -	- -	- 0
Participation in collaborative meetings, consortium, inter-agency, state and national level	X	X	X	X	X	X	X	X	X	X	X	X
	0	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 0
Awareness activities: mailings, new publications, speaking engagements	X	X	X	X	X	X	X	X	X	X	X	X
	0	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	-0
Collect materials for project product publication	X	X	X	X	X	X						
	0	- -	- -	- -	- -	- -	0					
Write Sequenced Neuro-Sensorimotor Program package and Procedure Manual							X	X	X	X	X	
							0	- -	- -	- -	-0	
Use of audio-visual media for program planning, counseling, documentation, dissemination, and training	X	X	X	X	X	X	X	X	X	X	X	X
	0	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	0
Identify potential replication sites							X	X	X	X	X	X
							0	- -	- -	- -	- -	- 0
Identify all project staff	X											
	0											
Arrange staff transportation	X											
	0											

* KEY X= anticipated time line 0 = achieved dates of accomplishment

PROJECT TIMELINE *

	1980 JUL	AUG	SEP	OCT	NOV	DEC	1981 JAN	FEB	MAR	APR	MAY	JUN
Assemble training materials; form Training Packet	X 0											
Assist replication sites in identifying staff		X 0										
Pre-service for administrators	X 0											
Establish interagency liason; health, transportation, etc.	X 0	X - - -	X - - -	X - - -	X - - -	X - - -	X - - -	X - - -	X - - -	X - - -	X - - -	X -0
Pre-service:												
Southeast, D.C. - 6 days		X 0										
St. Mary's, Maryland - 6 dats		X 0										
Identify infants:												
Model Site		X 0										
Southeast, D.C. site		X 0										
St. Mary's, Maryland site		X 0										
Space Allocation- St. Mary's, Maryland	X 0											
Review available equipment												
Southeast, D.C. site	X 0											
St. Mary's Site (Md.)	X 0											
Assist in ordering equipment												
Southeast, D.C. site	X 0											
St. Mary's, Md. site	X 0											
Identify Children												
Model Site		X 0										
Southeast, D.C. site		X 0										
St. Mary's, Md. site		X 0										

* KEY X= articipated time line 0 = achieved dates of accomplishment

PROJECT TIMELINE *

	1980 JUL	AUG	SEP	OCT	NOV	DEC	1981 JAN	FEB	MAR	APR	MAY	JUN
Final Evaluations Children/Parent											X	X
											O	O
Compile evaluations for the year and analyze data												X
												O
Write Final Report ****												X
												O
Document adaptations that have been necessary on the SNSP during field testing												X
												O

** Southern Maryland staff devoted all energies in training to parents, since one of their criteria was that parents must attend program with child. The program was 2½ hr., 1 day weekly, center-based, and 2½ hrs. weekly home-based. However, one OT was trained in the program March-June.

*** Time commitments and travel made this unrealistic. However, Project UPSTART's Advisory Committee did meet in February.

****Final report writing was delayed until August & September due to other commitments.

* KEY X- anticipated time line O = achieved dates of accomplishment

SPIN OFFS

1. A decision at D.C. Society, Northwest Center, to include two additional classrooms provided the opportunity to field-test with high functioning pre-schoolers and/or older children.

2. Workshops generated interest in using SNSP for follow-up expansion into elementary classrooms. Some interest among individuals has been generated for replication among our adult population.

DELAYS

1. Emphasis has been placed upon individual instruction regarding children with problems unique to the severely handicapped population. This delayed publication of a manual which would allow for essential flexibility.

IV. APPENDIX

A. OUTREACH AND MODEL DEMONSTRATION FACT SHEETS

PROJECT UPSTART

d.lee walshe, ph.d. project director

OUTREACH SERVICES

FACT SHEET

GENERAL DESCRIPTION OF SERVICES

Project UPSTART's outreach activities are directed toward stimulating increased high quality services for handicapped infants, preschoolers, and their families, while developing an effective outreach model. This outreach phase follows three years of model demonstration. For three years a program was developed; the Sequenced Neuro-Sensorimotor Program. Two sites are, with the assistance of outreach, replicating the program. Additional outreach activities this year have been: product development, training and stimulating state involvelement.

OFFICE
D.C. Society for Crippled Children
2800 13th Street, N.W.
Washington, D.C. 20009
Contact: D. Lee Walshe (202) 232-2342

OFFICE HOURS
8:30 a.m. - 4:30 p.m., Monday through Friday

SITE LOCATIONS
Infant Education Program
St. Mary's County Public Schools
Contact: Mr. Richard Wirth (301) 862-2174

Southeast Center
Church of the Holy Communion
Martin-Luther King, Jr., Avenue, S.E.
Washington, D.C. 20036
Contact: Ms. Norma Evans (202) 562-7112

PERSONS SERVED
Eighty handicapped infants, preschoolers, and their families have been impacted through outreach services. Approximately 75 % are severely or profoundly handicapped. The less handicapped provide us the opportunity of field testing the developed program among a different population. The staffs at the replication sites

have been receiving training and follow-up consultation. Many other persons have read our materials and attended awareness presentations or other national conventions, where we have presented.

AREAS SERVED
Northwest and Southeast Washington, D.C.
St. Mary's County

PROCEDURE FOR SECURING OUTREACH SERVICES
Contact Project Director: D. Lee Walshe, (202) 232-2342

FUNDING
Through the Office of Special Education, U.S. Department of Education, CFDA No. 84.024B.
In-kind support from D.C. Society for Crippled Children

SPECIFIC SERVICES

ASSISTING REPLICATING SITES
By providing workshops, pragmatic "hands on" training, consultation, demonstrations, instructional materials, information on equipment adaptation.

PRODUCT DEVELOPMENT
Outreach funding assists Project UPSTART to further develop its Sequenced Neuro-Sensorimotor Program and accompanying materials. Outreach also enables the staff to implement the program in rural and urban areas.

TRAINING
Reaches many persons aside from those at the replication sites: special educators, occupational therapists, physical therapists, speech pathologists, para-professionals, administrators. These persons are reached through workshops, presentations, practicums, and field work.

AWARENESS
These activities generate inquiries regarding the model program, the SNSP and materials which accompany it. They also focus attention on Early Childhood, on the needs for such services. Such awareness stimulates state involvement resulting in collaborative efforts to avoid duplication of services and to develop programs.

PARENT AGENCY DESCRIPTION
D.C. Society for Crippled Children is an Easter Seal Agency for Washington, D.C., Prince George's County and Southern Maryland. It is private, non-profit serving multi-handicapped infants and pre-schoolers. In addition to services in Northwest and Southeast Washington, D.C., D.C. Society is also developing programs in Prince Georges and St. Mary's counties, Maryland. Services offered to handicapped children, their parents, and the community are as follows: education programs, occupational therapy, social case work, counseling, speech and physical therapy, diagnostic evaluation, pediatric examination, orthopedic/pediatric/neurologic clinics, staff consultation to community agencies, training of student educators and student therapists, and the opportunity for on-site visits from professional and community sources.

PROJECT UPSTART

d.lee walshe, ph.d. project director

MODEL DEMONSTRATION CONTINUATION PROJECT

FACT SHEET

GENERAL DESCRIPTION OF SERVICES

Project UPSTART provides a neuro-sensorimotor program for children one to five years of age who are severely or profoundly mentally and/or physically handicapped. This program provides the following services:

- Diagnostic educational prescriptive program
- Therapeutic activities with an adapted NDT/SI approach
- Psychological Services
- Social Work Services
- Professional and Paraprofessional Training
- Volunteer Training
- Orthopedic, Neurological, Pediatric Clinics

LOCATION

D.C. Society for Crippled Children
2800 13th Street, N.W.
Washington, D.C. 20009

TELEPHONE

(202) 232-2342

CONTACT PERSON

D. Lee Walshe, Ph.D., Director of Program Services
Larry Szuch, Outreach Project Coordinator

HOURS

Office: 8:30 a.m. - 4:00 p.m., Monday through Friday
School: 8:45 a.m. - 11:15 a.m.
12:30 p.m. - 3:00 p.m. Monday, Tuesday, Thursday, Friday.

PERSONS SERVED

Fourteen severely handicapped children 1-5, with developmental delay of 50% or more in two or more curriculum areas on the Denver or Early LAP or 50% delay in one curricular area and one severe behavior problem.
Fourteen profoundly handicapped children 1-5, with developmental

delay of 75% or more in two or more curriculum areas on the Denver or Early Lap.

This program was developed under funding from the Office of Special Education (BEH) U.S. Department of Education. The D.C. Society for Crippled Children now supports this model demonstration program on-site.

AREA SERVED

District of Columbia, metropolitan area.

ADMISSIONS PROCEDURE

Call the Social Worker at the above phone number. Agency, medical, parent referral accepted. Appointments will be set for initial screening.

SPECIFIC DESCRIPTION OF SERVICES

Project UPSTART provides an integrated diagnostic educational prescriptive program and adapted neurodevelopmental therapy and sensory integrative therapy. The rationale for integration of education and therapy in meeting the needs of severely/profoundly handicapped very young children rests upon the awareness of the need for improvement of neuro-sensorimotor function as a basis for progress in the child's educational program. A plan for sequencing activities has been developed and is individualized for each child. Two seperate classrooms exist, one serving severely handicapped and one serving profoundly handicapped. There are 6 children in each classroom with programming for a half day. Twenty-eight children are served in total. Staffing consists of: teacher, therapist, and teacher assistant in each classroom. Program components address all curriculum areas. A behavior program is developed if behavioral assessment indicates that it is necessary. A toilet training program is developed with parents, utilizing techniques of behavior modification. A therapeutic feeding program is provided for children with oral neuro-muscular dysfunction. Cognitive/language programs are developed for each child, and children are grouped appropriately for program activities. The gross and fine motor program is totally integrated into the classroom structure and consists of individual handling, positioning, pre-ambulation, control of the sensory environment through therapeutic intervention.

SUPPORT SERVICES TO THE FAMILY

Parent training programs are provided in areas of: feeding, toileting, positioning and handling, personal care, hygiene, adapted equipment. Counseling in behavior management is offered. All parent training is directed toward enhancing parent skills in reinforcing their child's development in all curriculum areas. Social work services consist of: parent interview, support in crisis, planning for and provision of respite care, assistance

in referrals to outside agencies and future placement in another agency. Teachers and therapists visit the home and provide couseling and training. Recreation and social opportunities are provided for parents.

DEMONSTRATION SERVICES AND OUTREACH

An opportunity for members of the community to visit the model program on-site is provided. Workshops are offered to professional groups. Presentations are made off-site to interested parents, professional and para-professional groups. Slides and video-tape presentations have been developed. Care-takers, such as baby sitters, are offered assistance in acquiring skills. Cassette tapes, slides, video-tapes and written materials are available. Semester-long training programs are offered to universities for clinical training, pre-clinical experience and practicums. High school volunteers learn parenting skills. Consortiums and associations have been established and supported by Project UPSTART. Assistance is extended in coordinating services and in developing quality programs.

PARENT AGENCY DESCRIPTION

D.C. Society for Crippled Children is an Easter Seal agency, private, non-profit, serving multi-handicapped pre-school children and infants, with provision of an education and therapy program for one hundred children and counseling for parents. Diagnostic evaluations are made throughout the early intervention program by interdisciplinary teams. Medical services are provided by consultant physicians to children enrolled in the pre-school; and orthopedic and neurology clinics are held for handicapped people up to age twenty-one. Individualized educational plans are written for each child. Instructional objectives for therapists and teachers are stated in measurable terms. Services offered to handicapped children, their parents, and the community are as follows: educational programs, occupational therapy, physical therapy, psychological evaluation, language therapy, social case work, counseling, diagnostic evaluation, pediatric examinations, medical clinics, staff consultants to community agencies, training of student educators and student therapists, and opportunity for on-site visits from professional and community sources.

PRESENT OUTREACH SERVICE EXTENSION

D.C. Society for Crippled Children offers services to Southeast Washington, D.C., Southern Maryland and Prince Georges County, Maryland. The Office of Special Education, by granting outreach funding, has facilitated developing outreach services. The sequenced neuro-sensorimotor program is being replicated by D.C. Society's Southeast Center and by the Infant Education Program in St. Mary's County, Maryland. Project UPSTART anticipates assisting other communities in adopting the sequenced neuro-sensorimotor program.

B. EXPRESSION OF APPROVAL AND COMMITMENT WITH DELAYED LETTERS OF SUPPORT

D.C. SOCIETY FOR CRIPPLED CHILDREN, INC.

Now Serving Prince Georges and the Southern Maryland Counties

2800 13th Street, NW
Washington, D.C. 20009
(202) 232-2342

3640 Martin Luther King, Jr. Avenue, SE
Washington, D.C. 20032
(202) 562-7112

Reply To:

Easter Seals
SERVING THE HANDICAPPED

An Easter Seal Agency

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Mrs. Winston C. Willoughby

Adele R. Foschia
Executive Director

February 23, 1981

D. Lee Walshe, Ph.D., O.T.R.
Director
Project UPSTART
D.C. Society for Crippled Children, Inc.
2800 13th St., N.W.
Washington, D.C. 20009

Dear Dr. Walshe:

This is to inform you that our agency will seek funding from D.C. Public Schools for the all-day SPH public school classroom that has been located here this year. If this public school classroom is funded, we look forward to considering that classroom as a replication site for Project UPSTART.

Teacher, therapists, teacher assistant, administrative and secretarial support, equipment, supplies, and an equipped classroom will be provided, as well as a commitment to the Sequenced Neuro-Sensorimotor Program.

Sincerely,

Adele R. Foschia
Executive Director

ARF/nm

THE CHURCH OF THE HOLY COMMUNION
3640 M. L. KING JR. AVE. SE
WASHINGTON, D. C. 20032 562-3400
THE REVEREND DONALD R. MORRIS

February 19, 1980

Dr. Lee Walshe
Project Director, Project Upstart
D.C. Society for Crippled Children
2800 13th Street N.W.
Washington, D.C. 20009

Dear Lee:

I think you know from our recent meeting here how excited and pleased we are to be able to offer to house a replication site for Project Upstart's program at this church. Such a partnership with the D.C. Society in this part of the city is exactly what we ought to be about!!

Would it also be possible to include in your activities at this location some outreach effort that would assist a broader spectrum of handicapped infants and their families in the Southeast community through staff training and demonstration?

Faithfully,

Donald R. Morris
Rector

P.S. This started out as my letter, but the undersigned wanted to add their endorsement of the above:

Ernest H. Bannister
Senior Warden

Ernest H Bannister

Flora C. Alers

Flora C. Alers
Junior Warden

MARVIN C. JOY
Superintendent

ST. MARY'S COUNTY PUBLIC SCHOOLS

MAIN OFFICE
Leonardtown (301) 475-8971

Felix Johnson Educational Center - 20 Tulagi Place, Lexington Park, Maryland 20653 - (301) 863-7495

February 22, 1980

Dr. Lee Walshe, Ph.D.
Director, Project Upstart
D. C. Society for Crippled Children
2800 - 18th Street, N. W.
Washington, D. C. 20009

Dear Dr. Walshe:

I am pleased that your agency is seeking an opportunity to establish an outreach program that would assist St. Mary's County Public Schools, (Maryland) with much needed services for young handicapped children, 0-8 years.

Our areas of greatest need appear to be: (1) Assistance with staff training, (2) Assistance with establishing an infant home/center based program, 0-3 in which we would work closely with parents, (3) Evaluation, (4) Behavior management techniques. For our on-going program in St. Mary's County, the greatest staff need is for contact with other professional staff and similar programs outside the county.

You have agreed to provide assistance in the above needed areas. We will provide the following, to ensure the services of a neuro-sensorimotor program for our severely multi-handicapped infants: (1) Staff, (2) Teachers/Therapists salaries (not to include outreach staff which will come under outreach funding), (3) Space, (4) Equipment, (5) Traditional school support services such as transportation of children.

We are looking forward to this collaborative effort to serve young handicapped children with quality programming and to use Crippled Children Society's Outreach Services to further serve this target population.

Sincerely,

Joshua M. Potter

Joshua M. Potter
Supervisor of Special Education

JMP:db

cc: Mr. Walt Frazier
Mr. Bob Danks
Mr. Marvin Joy
Mr. James Ogden

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GREEN HOLLY SCHOOL
150 MILLSTONE LANDING ROAD
LEXINGTON PARK, MARYLAND 20653
WALTER FRAZIER, Principal
Phone: 862-2174

February 22, 1980

Dr. Lee Walshe
Director
Project Upstart
D.C. Society for Crippled Children
2800 Thirteenth Street, NW
Washington, DC 20009

Dear Dr. Walshe:

I am writing in support of your proposal to extend outreach services to develop a model program for severely and profoundly handicapped preschool children in St. Mary's County.

St. Mary's County is a rural area much in need of the quality support services that your program could provide. A small county such as ours has a very definite need for staff development and parent training.

Members of our staff were impressed with the presentation of your program and are enthusiastically looking forward to working with your staff.

Sincerely,

Walter Frazier

WF:dwl

CALVERT COUNTY PUBLIC SCHOOLS

Eugene M. Karol • Superintendent

TELEPHONE: (301) 535-1700

DARES BEACH ROAD
PRINCE FREDERICK, MARYLAND 20678

April 23, 1981

Mrs. Lee Walshe
Project Director
Handicapped Children's Early Education Program
D.C. Society For Crippled Children
2800 13th Street N.W.
Washington, D.C. 20009

Dear Mrs. Walshe:

This letter is written to acknowledge that I am in support of your agency seeking funding to continue activities related to the provision of special services to young handicapped children.

There is a tremendous need in Southern Maryland, as you are aware. We specifically see the need in Calvert County as many young children are being referred to our agency through our Child Find Office, weekly.

The provision of training programs for teachers and parents will indeed result in a more thorough understanding of the preschoolers physical, social, and cognitive difficulties. The consultation offered by your staff would also assist our professional and paraprofessional staff in the development and implementation of more viable programs for these young children.

I appreciate the outreach to include us in your planning for the coming school year.

It is my sincere hope that the funds will become available for your agency to continue your activities.

Sincerely,

Ruth N. Reid

(Mrs.) Ruth N. Reid
Supervisor of Special Education

RNR/plb
cc: Mr. E. Lloyd Robertson

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CALVERT COUNTY HEALTH DEPARTMENT
PRINCE FREDERICK, MARYLAND 20678

DAVID L. ROGERS, M.D., M.P.H.
HEALTH OFFICER

TELEPHONE: 535-0128

April 27, 1981

D. Lee Walshe, Ph.D.
Director, Project UPSTART
Developmental Pre-School Education
for the Severely/Profoundly Handicapped
D. C. Society For Crippled Children, Inc.
2800 13th Street, N. W.
Washington, D. C. 20009

Dear Dr. Walshe:

I am happy to again acknowledge that Calvert County Health Department supports continued funding for Project UPSTART's neuro-sensorimotor program in Calvert County. As you know, we have employed a physical therapist to work with handicapped, pre-school children. Your program would complement in a very significant way our own program. We are finding that the need is great.

Sincerely,

David L. Rogers

David L. Rogers, M. D.
Health Officer

DLR:mep

F.B. GWYNN EDUCATIONAL CENTER
STAR ROUTE 5, BOX 536
LA PLATA, MARYLAND 20646
TELEPHONE – 934-3884

August 28, 1981

Dr. Lee Walshe, Dirctor
Project Upstart
D. C. Society for Crippled Children
2800 13th Street, N.W.
Washington, D. C. 20009

Dear Dr. Walshe:

I am writing in support of your proposal to extend outreach services to develop a model program for severely and profoundly handicapped children in Charles County, Maryland, using a sequenced neurosensori motor program (SNSP).

Members of our staff were impressed with the presentation of your program and are enthusiastically looking forward to working with your staff.

I am aware that training will include the following:

1. Friday, August 28 - Training for all Gwynn Center Staff directly involved with this program.
2. Five (5) consecutive days of direct hands on, observation, and consultation with the Staff.
3. At least one (1) day per month observation and consultation thereafter for the remainder of the year.

Again, thank you for your support and we are looking forward to working with the Project Upstart Staff.

Sincerely,

Raymond W. Bryant
Principal

RWB:csm

C. MY SEARCH FOR "HANDS ON"

FALL 1980

Voluntary Action Leadership

Inside: More "Training Volunteers"

The Art of Helping

My Search for 'Hands On'

By Larry Szuch

The Art of Helping is an occasional column written by or about volunteers and the joys, sorrows, problems and satisfactions derived from their assignments. VAL invites you to share such experiences with other readers.

Many of us know how difficult it is to recruit volunteers. I would like to tell you the experiences of Project UPSTART during our search for "hands on."

Project UPSTART is a federally funded demonstration project located in Washington, D.C., at the D.C. Society for Crippled Children, an Easter Seal agency.* An infant and preschool program serving 24 severely/profoundly multihandicapped children—from infants to 4-year-olds, the project's primary emphasis is sequencing activities in an environment where teachers and therapists work together as a team in the classroom. The team develops an individualized program for each child to help the child reach his/her maximum potential.

One day in January 1979, the staff of Project UPSTART presented me with an immediate problem. Since about 50 percent of our children cannot move by themselves because of physical handicaps, the teachers and therapists needed more people who could help position and reposition the children properly, change diapers, help feed—and basically, help implement the program.

Together we decided that I would recruit volunteers to provide the needed "hands on." It meant that I needed to recruit volunteers to help our handicapped children learn to help themselves.

We decided that the area high schools and seminaries would be our primary contacts. After many days of phone calls and sending out volunteer recruitment flyers, the bottom line seemed to be that it was either too late in the year to start a program, or that Wednesday was the only day that students could be released for community involvement. Wednesdays, unfortunately, are the days our children do not come to the center, since the staff uses that day for home visits, planning, writing reports, etc.

But then Sister Christopher, a teacher at Archbishop John Carroll High School, saw my recruitment flyer and invited me to give a presentation to her religious class. Her class just

Volunteer Bernard Rooks displays "Hands On" with Byron, a 4-year-old Down's Syndrome child.

* Project UPSTART is funded under the "Handicapped Children's Early Education Program," Office of Special Education, U.S. Department of Education. Grant Number G008001923. The project is additionally funded by D.C. Society for Crippled Children, 2800 13th Street, N.W., Washington, D.C. 20009, (202) 232-2342. The activity which is the subject of this report was produced under a grant from the U.S. Department of Education, Office of Special Education. However, the opinions expressed herein do not necessarily reflect the position of the U.S. Department of Education and no official endorsement by the Department of Education should be inferred.

happened to be studying handicapping conditions that semester.

I immediately prepared a presentation, using a video tape and slides to introduce the students to handicapping conditions. It turned out that not only were these young men interested, they wanted to know if they could help.

This was my chance. I told them about Project UPSTART and our search for "hands on." Sister Christopher and Assistant Principal Chiplock visited our center, then arranged with the principal to allow Sister Christopher's religion class to be excused during that class period to provide "hands on."

Two weeks later, 12 students and Sister Christopher attended a three-hour training session to learn how to become effective "hands on" volunteers in the classroom. The Project UPSTART staff put together a training package that covered such areas as the role of the occupational therapist, cognitive skills, therapeutic feeding and appropriate behavior during social interaction.

We wanted to develop in the students an awareness of the special needs essential to working effectively with our handicapped friends. A list of "important words to know" was compiled by the staff so the volunteers could familiarize themselves with some of the words they would hear in the classroom. It also gave definitions of some of the handicapping conditions.

By March 20, 1979, we had a very successful volunteer program in full swing. The children just loved the boys! (Up to this point there had been no males working in the classrooms.)

We found that the children needed the boys as much as the boys needed the children. We also discovered that besides learning parenting skills, this learning experience helped direct some of the young men in making a decision for their future career plans.

The staff found that they could do some things with the children that they were unable to achieve alone.

The staff developed a method of evaluating these volunteers, which has proven to be quite effective. They are rated from one to three on a scale of eight areas. This rating is done by the entire staff.

After each evaluation period, the boys can see exactly what areas they need to improve in before they receive their next grade. And they did improve. I would discuss the grades individually with each volunteer and together we would come up with ideas on how to improve in a low-score area. Sure enough, by the end of the next grading period, all of them had raised their grades to where they wanted them.

Last year the experience of volunteering for our program was offered to Archbishop Carroll seniors as a credit course. The boys volunteered one hour every day all year. Next year there is a possibility that it will be offered for two hours of credit, meaning they will volunteer for two hours a day the entire year.

Larry Szuch is an Easter Seals regional coordinator in southern Maryland as well as the coordinator of Project UPSTART.

D. CHILD PROGRAM DATA AND ANALYSIS OF PROGRESS IN THE DEMONSTRATION MODEL

PROGRESS CHART Green Holly - Infant Education - St. Mary's County Replication Site

Garison Hunt

CHILD	Voc IM Pre	Voc IM Post	Obj. Perm. Pre	Obj. Perm. Post	Reel Pre	Reel Post	Prep. Assess. Battery Pre	Prep. Assess. Battery Post	Lap-Cognitive Pre	Lap-Cognitive Post	Lap-Gr.Motor
1K	3	4	2	4	6	8	Exp. 5 Rec. 8	6 10		8.5	3.5 - 5.5
2K	15	24			13	25	12 12	23 30		27.0	7 - 13
3K	3	7					3	7		Cog/G.M/F.M. 7. 6 7	
4K	11	16					9 14	11 23		27.0	7 - 15
5K	15	22			13	21					
6K	14	23			15	20	15 15	27 19		26.0	13-18/20-2
7K	6						5 10	8 15		GM / FM 16 5 14	
8K											10=12/12-14

This is the data that was shared with us by the Green Holly Staff. Their primary assessment was one of an observational narrative report which is available upon request. Please see appendix for description of Home-Based Program and implementation of the SNSP in the home.

MILD/MODERATELY HANDICAPPED

Southeast Replication Site

PROGRESS CHART BY CURRICULUM AREA

CHILD	GROSS MOTOR Pre GMRD	GROSS MOTOR Pre LAP-I Sub	GROSS MOTOR Post GMRD	GROSS MOTOR Post LAP-I Sub	FINE MOTOR Pre LAP-I Sub	FINE MOTOR Post LAP-I Sub
1F	24.0	19.0	31.0	36.0	30.0	48.0
2F	12.0	11.0	15.0	13.0	22.0	36.0
3F	22.5	19.0	24.0	25.0	16.0	33.0
4F		21.0		27.0	22.0	33.0
5F	12.0	22.0	21.0	24.0	48.0	60.0
6F	24.0	19.0	24.0	19.0	25.5	28.5
7F	37.0	9.5	44.0	15.0	16.0	33.0

77

78

MILD/MODERATELY HANDICAPPED

Southeast Replication Site

PROGRESS CHART BY CURRICULUM AREA

	SELF HELP				SOCIAL			
	Pre		Post		Pre		Post	
CHILD	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub
1F		36.0		48.0		42.0		60.0
2F		21.0		30.0		36.0		36.0
3F		21.0		30.0		24.0		33.0
4F		21.0		30.0		28.0		34.5
5F		42.0		48.0		51.0		60.0
6F		21.0		21.0		32.0		36.0
7F		21.0		27.0		26.0		33.0

195

[redacted]D/M[redacted]ATE[redacted]HAND[redacted]PPE[redacted]

Southeast Replication Site

PROGRESS CHART BY CURRICULUM AREA

	LANGUAGE				COGNITIVE			
	Pre		Post		Pre		Post	
CHILD	REEL	LAP-I Sub	REEL	LAP-I Sub	Cattell	LAP-I Sub	Cattell	LAP-I Sub
1F	Rec. Exp.	36.0		57.0		36.0		57.0
2F	24 8	12.0	30.0 10.0	30.0		25.0		36.0
3F	18 15	13.0	36.0 36.0	35.0		18.0		33.0
4F		22.5		27.0		14.5		28.5
5F		51.0		60.0		48.0		60.0
6F	18 15	18.0	24.0 24.0	24.0		22.5		27.0
7F	15 15	15.0	24.0 24.0	26.0		21.0		33.0

81

82

61

MILD/MODERATELY HANDICAPPED
Southeast Replication Site

PROGRESS CHART BY CURRICULUM AREA

	GROSS MOTOR				FINE MOTOR			
	Pre		Post		Pre		Post	
CHILD	GMRD	LAP-I Sub	GMRD	LAP-I Sub		LAP-I Sub		LAP-I Sub
1G	18.5	12.5	22.5	22.5		9.5		24.0
2G	21.0	20.0	21.0	21.0		24.0		33.0
3G	22.5	29.5	24.0	24.0		19.5		32.0
4G	30.0	22.5	33.0	33.5		24.0		36.0
5G	9.0	9.0	12.0	13.0		13.5		30.0
6G	13.0	12.5	18.0	16.5		12.0		22.0
								AV.
TOTAL AVERAGE			4.0	6.0				13.0

83

84

[redacted]ILD[redacted]DER[redacted]Y H[redacted]CAP[redacted]

Southeast Replication Site

PROGRESS CHART BY CURRICULUM AREA

	SELF HELP				SOCIAL			
	Pre		Post		Pre		Post	
CHILD	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub
1G		12.0		17.0		13.5		24.0
2G		30.0		30.0		28.0		36.0
3G		22.5		24.0		26.0		30.0
4G		22.5		36.0		26.0		36.0
5G		16.5		18.0		16.5		33.0
6G		12.0		21.0		15.0		28.0
P.								

185

TOTAL AVERAGE 6.3 7.34

85

86

63

[redacted]/MO[redacted]TEL[redacted]ND[redacted]PED[redacted]

Southeast Replication Site

PROGRESS CHART BY CURRICULUM AREA

	LANGUAGE				COGNITIVE			
	Pre		Post		Pre		Post	
CHILD	REEL	LAP-I Sub	REEL	LAP-I Sub	Cattell	LAP-I Sub	Cattell	LAP-I Sub
1G	Rec. 9.0 Exp. 7.5	9.0	12.0 9.0	10.5		12.0		22.0
2G	13.0 15.0	21.0	24.0 24.0	24.0		22.0		24.0
3G	19.0 19.0	19.0	24.0 24.0	24.0		19.5		33.0
4G	24.0 24.0	24.0	36.0 36.0	35.0		24.0		36.0
5G	15.0 15.0	13.0	24.0 24.0	24.0		16.5		33.0
6G	12.0 12.0	12.0	16.5 16.5	17.5		12.0		22.0
TOTAL AVERAGE			R - 8.0 E - 7.10	10.0				11.03

87

88

64

SEVERELY/PROFOUNDLY HANDICAPPED

Southeast Replication Site

PROGRESS CHART BY CURRICULUM AREA

CHILD	GROSS MOTOR Pre GMRD	GROSS MOTOR Pre LAP-I Sub	GROSS MOTOR Post GMRD	GROSS MOTOR Post LAP-I Sub	FINE MOTOR Pre LAP-I Sub	FINE MOTOR Post LAP-I Sub
1H	4.0	6.0	4.0	6.0	7.5	7.5
2H	6.0	5.5	8.0	9.0	7.0	7.0
3H	2.0	1.5	3.0	1.5	4.0	4.0
4H	5.5	7.0	7.0	8.0	23.0	36.0
5H	10.5	8.5	10.5	8.5	6.0	6.5
6H	4.5	4.5	4.5	4.5	7.0	7.5
1J	13.0	7.5	23.5	7.5	8.0	16.0
2J	11.0	11.0	12.5	11.0	18.0	26.0
3J	4.0	6.0	8.0	8.0	11.0	15.5
4J	13.0	11.0	13.5	15.5	14.0	15.0
5J	6.5	6.5	8.0	8.5	13.0	24.0
6J	11.0	12.0	21.0	21.0	21.0	33.0
7J	7.0	6.5	9.5	12.0	9.0	12.0
TOTAL AVERAGE			3.0	3.0		5.0

[redacted]VER[redacted]PRO[redacted]DLY[redacted]NDI[redacted]ED

Southeast Replication Site

PROGRESS CHART BY CURRICULUM AREA

	SELF HELP				SOCIAL			
	Pre		Post		Pre		Post	
CHILD	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub
1H		9.0		11.0		10.0		11.0
2H		10.5		10.5		8.5		8.5
3H		6.5		6.5		6.0		7.5
4H		19.0		19.5		36.0		36.0
5H		8.5		10.0		11.5		11.5
6H		9.5		10.0		11.0		11.0
1J		13.0		23.0		24.0		33.0
2J		19.0		30.0		33.0		36.0
3J		13.0		17.0		24.0		36.0
4J		14.0		15.0		9.0		10.0
5J		14.0		21.0		13.0		13.5
6J		18.0		24.0		24.0		33.0
7J		9.0		14.0		10.0		12.0
TOTAL AVERAGE				3.0				3.0

[redacted]/PR[redacted]UNDI[redacted]HANDICAPPED

Southeast Replication Site

PROGRESS CHART BY CURRICULUM AREA

	LANGUAGE				COGNITIVE			
	Pre		Post		Pre		Post	
CHILD	REEL	LAP-I Sub	REEL	LAP-I Sub	Cattell	LAP-I Sub	Cattell	LAP-I Sub
1H	Rec. 10.5 Exp. 10.5	10.5	13.0 13.0	13.5		13.0		13.0
2H	9.0 8.0		9.5 8.5			7.0		7.0
3H		6.0		6.5		6.0		6.0
4H	27.0 27.0	27.0	35.0 35.0	32.0		34.5		36.0
5H	8.0 8.0	8.0	9.0 9.0	9.0		7.5		7.5
6H	9.0 9.0	9.0	9.5 9.5	9.0		9.5		9.5
1J	13.5 12.5	12.0	30.0 30.0	30.0		15.5		31.5
2J	16.5 16.5	16.5	23.0 23.0	24.0		20.0		25.0
3J	20.0 20.0	19.5	32.0 32.0	34.0		21.0		24.5
4J	11.0 11.0	10.0	11.5 11.5	10.5		11.0		11.5
5J	12.0 12.0	12.0	21.5 21.5	19.0		14.5		24.0
6J		22.5		30.0		24.0		24.5
7J	6.0 6.0	7.5	9.0 7.5	9.0		9.0		10.5
TOTAL AVERAGE			R - 5.0 E - 7.5	4.30				3.0

SEVERELY/PROFOUNDLY HANDICAPPED

(ALL DAY CLASSROOM)

PROGRESS CHART BY CURRICULUM AREA

	GROSS MOTOR				FINE MOTOR			
	Pre		Post		Pre		Post	
CHILD	GMRD	LAP-I Sub	GMRD	LAP-I Sub		LAP-I Sub		LAP-I Sub
1C	18.0	12.0	42.0	21.0		11.0		16.0
2C	19.5	12.0	30.0	16.0		6.0		7.0
3C	36.0	24.0	48.0	25.0		18.0		27.0
4C	30.0	13.0	48.0	24.0		9.0		24.0
5C	4.0	2.5	4.0	2.5		3.0		3.0
6C	11.0	2.0	13.0	8.0		8.0		8.0
7C		33.0		33.0		18.0		27.0
TOTAL AVERAGE			9.50	4,428				5.6

SEVERELY/PROFOUNDLY HANDICAPPED
(ALL DAY CLASSROOM)

PROGRESS CHART BY CURRICULUM AREA

	SELF HELP				SOCIAL			
	Pre		Post		Pre		Post	
CHILD	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub
1C	14.4	9.0	21.0	17.0	14.4	3.0	21.0	15.0
2C	12.7	8.0	16.0	9.0	12.7	3.0	16.0	3.0
3C	24.0	19.0	32.0	30.0	24.0	18.0	32.0	33.0
4C	19.0	16.5	26.0	24.0	19.0	18.0	26.0	32.0
5C	1.4	4.5	1.4	5.0	1.4	3.0	1.4	3.0
6C	9.0	8.0	11.0	10.0	9.0	6.0	11.0	6.0
7C		12.0		21.0		9.0		13.5
TOTAL AVERAGE			4.48	5.6			4.5	3.5

[redacted]/PROFOUNDLY HANDICAPPED
(ALL DAY CLASSROOM)
PROGRESS CHART BY CURRICULUM AREA

	LANGUAGE				COGNITIVE			
	Pre		Post		Pre		Post	
CHILD	REEL	LAP-I Sub	REEL	LAP-I Sub	Cattell	LAP-I Sub	Cattell	LAP-I Sub
1C	Rec. 4.5 Exp. 4.5	6.0	6.0 5.5	10.0	12.8	8.0	15.6	16.0
2C	5.6 4.5	6.0	5.6 4.5	6.0	7.8	6.0	7.4	6.0
3C	23.0 17.0	19.5	28.5 21.0	30.5	22.8	21.0	26.2	31.5
4C	25.5 7.5	13.5	28.5 7.5	17.0	21.6	14.5	26.4	22.5
5C	4.5 4.5	4.0	5.5 4.5	4.0	Call. Azusa 0-2.0cog.	2.5	Call. Azusa 0-2.0 cog.	3.0
6C	4.0 5.5	5.5	4.0 5.5	5.5	8.4	7.0	8.2	7.0
7C	8.5 8.5	8.5	15.0 15.0	19.0		7.5		20.0
TOTAL AVERAGE			R - 2.5 E - 1.71	4.14			3.0	5.6

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PROFOUNDLY HANDICAPPED CLASSROOM

PROGRESS CHART BY CURRICULUM AREA

	GROSS MOTOR				FINE MOTOR			
	Pre		Post		Pre		Post	
CHILD	GMRD	LAP-I Sub	GMRD	LAP-I Sub		LAP-I Sub		LAP-I Sub
1A	8.0	8.0	8.0	8.0		8.0		10.0
2A	9.0	9.0	10.0	9.0		9.0		9.0
3A	5.0	4.0	6.0	8.0		4.0		4.0
4A	5.5	5.0	6.5	5.0		4.0		4.0
5A	10.0	13.0	15.0	15.0		11.0		12.0
6A	8.0	8.0	9.5	8.0		8.0		8.0
7A	5.0	2.0	5.0	2.0		2.0		2.0
2B	5.0	6.0	5.0	6.0		9.0		9.0
3B	28.0	24.0	46.0	24.0		14.0		14.0
4B	6.0	6.0	7.0	6.0		8.0		8.0
5B	3.0	1.0	3.0	1.0		2.0		2.0
6B	7.7	7.0	19.0	7.0		9.0		9.0
7B	18.0	19.0	30.0	19.0		8.0		8.0
8B	2.5	2.0	2.5	2.0		2.0		2.0
TOTAL AVERAGE			3.8	.50				.21

PROFOUNDLY HANDICAPPED CLASSROOM
PROGRESS CHART BY CURRICULUM AREA

	SELF HELP				SOCIAL			
	Pre		Post		Pre		Post	
CHILD	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub
1A	7.1	12.0	9.2	12.0	7.1	6.0	9.2	6.0
2A		14.0		14.0		9.0		10.0
3A	4.2	5.2	6.0	5.2	4.2	4.0	6.0	4.0
4A	3.6	5.0	3.6	5.0	3.6	3.0	3.6	3.0
5A		5.0		6.0		5.5		5.5
6A	7.1	9.0	7.8	9.0	7.1	6.0	7.8	6.0
7A	2.2	3.0	2.2	3.0	2.2	3.0	2.2	3.0
2B	10.7	5.0	10.7	14.0	10.7	3.0	10.7	9.0
3B	15.0	18.0	13.0	18.0	15.0	9.0	13.0	9.0
4B	6.4	12.0	10.0	12.0	6.4	11.0	10.0	11.0
5B		6.0		6.0		3.0		3.0
6B		12.0		12.0		3.0		3.0
7B	14.0	16.0	15.0	16.0	14.0	11.0	15.0	11.0
8B	5.6	5.0		5.0	5.6	9.0		9.0
TOTAL AVERAGE				.71				1.42 .57

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PROFOUNDLY HANDICAPPED CLASSROOM

PROGRESS CHART BY CURRICULUM AREA

	LANGUAGE				COGNITIVE			
	Pre		Post		Pre		Post	
CHILD	REEL	LAP-I Sub	REEL	LAP-I Sub	Cattell	LAP-I Sub	Cattell	LAP-I Sub
1A	Rec. 4.5 Exp. 5.5	3.0	4.5 5.5	3.0	Call. Azusa 2-8 cog.4-8vis/mtr	7.0	2-8 cog. 9-12vis/mtr	7.0
2A	8.0 9.0	9.0	9.0 9.5	10.0		10.0		10.0
3A	6.5 4.5	5.0	7.0 7.0	9.0	4.6	4.0	4.6	4.0
4A	5.5 5.5	3.0	5.5 5.5	3.0	Call. Azusa 0-2	4.0	0-3	4.0
5A	1.0 1.5	5.5	2.5 6.0	5.5		10.0		10.0
6A	6.0 6.0	6.0	7.5 6.0	6.0	7.0	5.0	5.8	5.0
7A	1.5 1.5	5.0	6.5 3.0	5.0	Call. Azusa 0-2	3.0	0-3	3.0
2B	8.5 8.5	5.0	8.5 9.5	10.0	7.8	5.0	9.0	5.0
3B	8.5 6.5	9.0	8.5 6.5	9.0	10.8	10.0	11.4	10.0
4B	11.0 11.0	9.0	16.0 17.0	18.0	9.2	9.0	11.6	11.0
5B	4.0 3.0	6.0	5.4 4.0	6.0		3.0		3.0
6B	5.0 5.0	8.0	5.5 8.0	8.0		5.0		5.0
7B	4.5 5.5	8.0	5.0 6.0	9.0	7.2	5.0	9.0	9.0
8B	8.5 5.5	5.0	8.5 5.5	5.0	9.2	5.0		5.0
TOTAL AVERAGE			R - 1.6 E - 1.6	1.50			Cattell 2.53 Call. Azusa 1.3	.50

SEVERELY HANDICAPPED

Girard Street Center

PROGRESS CHART BY CURRICULUM AREA

CHILD	GROSS MOTOR Pre GMRD	GROSS MOTOR Pre LAP-I Sub	GROSS MOTOR Post GMRD	GROSS MOTOR Post LAP-I Sub	FINE MOTOR Pre LAP-I Sub	FINE MOTOR Post LAP-I Sub
1D	11.0	13.0	11.0	15.0	16.0	16.5
2D		24.5		31.0	24.0	36.0
3D	20.0	18.0	21.0	21.0	15.0	18.0
4D	21.0	31.0	24.0	31.0	30.0	36.0
5D		21.0		21.0	13.0	18.0
1E	16.5	18.0	24.0	31.0	15.0	27.0
2E		21.0		31.0	24.0	36.0
3E		28.5		36.0	15.5	25.0
4E	36.0	36.0	36.0	54.0	33.0	48.0
5E	6.0	6.0	6.0	6.0	18.0	29.0
6E	33.0	31.0	33.0	31.0	24.0	24.0
7E		21.0		31.0	21.0	22.0
TOTAL AVERAGE			2.0	6.0		7.25

SEVERELY HANDICAPPED

Girard Street Center

PROGRESS CHART BY CURRICULUM AREA

	SELF HELP				SOCIAL			
	Pre		Post		Pre		Post	
CHILD	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub	Vineland	LAP-I Sub
1D	10.7	18.0	12.0	18.0	10.7	18.0	12.0	36.0
2D	22.0	22.5	31.0	30.0	22.0	9.5	31.0	33.0
3D	17.0	18.5	22.0	24.0	17.0	11.0	22.0	36.0
4D	30.0	27.0	40.0	37.0	30.0	36.0	40.0	36.0
5D	17.0	17.5	24.0	30.0	17.0		24.0	18.0
1E	26.4	26.0	36.0	30.0	26.4	30.0	36.0	36.0
2E		30.0		30.0		36.0		36.0
3E		23.0		24.0		24.0		36.0
4E		33.0		48.0		36.0		54.0
5E	12.0	18.0	14.0	18.0	12.0	28.0	14.0	36.0
6E	27.6	30.0	36.0	30.0	27.6	24.0	36.0	36.0
7E	23.0	30.0	30.0	30.0	23.0	24.0	30.0	24.0
TOTAL AVERAGE				5.0			7.3	11.0

[redacted] Gir[redacted] Str[redacted] Cer[redacted]

SEVERELY HANDICAPPED

PROGRESS CHART BY CURRICULUM AREA

CHILD	LANGUAGE				COGNITIVE			
	Pre		Post		Pre		Post	
	REEL	LAP-I Sub	REEL	LAP-I Sub	Cattell	LAP-I Sub	Cattell	LAP-I Sub
1D	Rec. 17.0 Exp. 13.0	10.5	17.0 13.0	24.0	17.6	14.5	19.6	24.0
2D	14.0 20.0	23.0	30.0 30.0	33.0	21.4	24.5	27.6	36.0
3D	8.5 6.5	12.0	10.5 11.5	21.0	14.8	14.5	18.0	21.0
4D	14.0 20.0	21.0	22.0 27.0	24.0	27.0	23.0	30.6	33.0
5D		9.0		18.0		1-160		18.0
1E	21.0 21.0	24.0	25.5 25.5	36.0	22.4	24.0	28.2	36.0
2E		24.0		24.0		24.0		36.0
3E		6.0		10.5		16.0		27.0
4E	24.5 24.5	24.0	31.5 31.5	42.0		30.0		48.0
5E	22.0 18.0	24.0	30.0 22.0	36.0	26.0	24.0	28.4	36.0
6E	15.0 15.0	21.0	19.0 19.0	24.0	22.4	24.0	25.8	24.0
7E	14.0 14.0	15.0	22.0 20.0	18.0	22.0	18.0	23.2	22.0
TOTAL AVERAGE			R-6.4 E-14.0	8.0			4.0	9.0

Objectives & Procedures	Anticipated Results	Results Obtained	Discussion
A. Direct services to children in the model demonstration program will be provided.			
1. Model program children will receive direct services from a multi-disciplinary staff 4 days per week, 9½ months per year through participation in remedial school and therapy program in the areas of: gross and fine motor, self-help, social, language, and cognitive.	1. Children will demonstrate a positive response to the direct services provided by demonstrating improvement according to the following expectations: For Profoundly Handicapped 1.6 month increase in a 7 month period in adaptive, psycho-social, self-help behaviors.	The Profoundly handicapped obtained an average gain of 1.0 months in the 7 month period in the psycho-social areas and a 1.1 month gain in adaptive self-help behavior (obtained by averaging both Vineland and LAP-I sub scores for each area).	Obtained results indicate the profoundly handicapped were within .6 of a month in the psycho-social area. These profoundly handicapped children are impeded in adaptive, self-help social behavior by their physical limitations. Obtained scores in self-help averaged .5 of a month below criteria.

Objectives & Procedures	Anticipated Results	Results Obtained	Discussion
A. (continued)	For Profoundly Handicapped (con't) 1.6 month increase in language and cognitive skills.	The Profoundly Handicapped obtained an average gain of 1.6 months in receptive language and 1.6 months on expressive language on the REEL. Gains on the language sub-test of the LAP-I were 1.5 months. The average of 3 aforementioned scores was 1.55. Scores on the Cattell and Callier Azusa and LAP-I sub test in cognition were close and were averaged to 1.44.	Obtained results in the language area indicate the profoundly handicapped met criteria. Obtained results indicate the profoundly handicapped were .16 of a month below criteria for accomplishment in the cognitive area. The primary factor for this finding is related to the frequent number of days missed due to illness which can be expected among this population of profoundly handicapped children.
	For Severely Handicapped 3.0 month increase in adaptive, psycho-social, self-help behaviors.	The Severely handicapped obtained an average of 9.2 months in social area in the 7 month period. Gains in the self-help area averaged 6.2. (Obtained by averaging both the Vineland & Lap-I sub scores for each area).	Results of assessment in both areas for the severely handicapped indicate progress beyond anticipated criterion.

Objectives & Procedures	Anticipated Results	Results Obtained	Discussion
A. (continued)	For Severely Handicapped (Con't) 3.0 month increase in language and cognitive skills.	The Severely handicapped in the language area obtained an average score on the REEL and LAP-I sub test of 9.1 during the 7 month period. Gains in the cognitive area were averaged for the Cattell and LAP-I sub-scale and were 7.5.	The children in this classroom were primarily severe behavior problem children.
	Eor Severely Handicapped 3.0 month increase in gross and fine motor skills.	The children obtained an average score of 4.0 in the gross motor area. Scores on the GMRD and LAP-I sub-scale were averaged. Scores on the LAP-I sub-scales in fine motor averaged 7.25.	The children in the severely handicapped classroom all demonstrated gains above the 3.0 month criteria. This again is explained by a higher functioning population with primarily severe behavior problems.

Objectives & Procedures	Anticipated Results	Results Obtained	Discussion
B. Support services will provide assistance to teachers and parents in the areas of: 1. medical care 2. nutrition 3. hygiene	1,2,3. End of Year report will indicate child's positive response to all services.	1,2,3. Support services were provided in areas of medical care, nutrition, and hygiene as needed for individual children. See children's sample End of Year Report for individual response.	3. Staff decided to break down hygiene area and provide individual services in such a sensitive area to parents. See sample End of Year Report for individual discussions.

E. ST. MARY'S COUNTY INFANT HOME PROGRAM

ST. MARY'S COUNTY PUBLIC SCHOOLS
Felix Johnson Education Center
20 Tulagi Place
Lexington Park, Maryland 20653

To: Larry Szuch
2800 13th Street, N.W.
Washington, D.C. 20009

From: Infant Education Teacher
St. Mary's County

Re: Home Visit

Home visits are two hours in duration once a week. During these visits the parent would participate to the best of her ability in carrying out a Sequenced Neuro Sensorimotor Program which has been suggested for use in the home. The more severely handicapped the children are, the better the parent seemed to follow through with the activities. Other variables affecting home visits were time of day (A.M. as opposed to P.M. visits) and parental attitudes.

A.M. visits seemed more productive. Children and parents were fresh and it seemed a more logical time to be doing sequenced activities. P.M. visits, the parents who had carried through with their programs had already done them and therefore more specific problems or areas were generally addressed during these visits (usually in the language or cognitive domain).

Parental attitudes were a consideration during home visits. Although all parents would participate while we were in the home; it soon became evident that little sequencing was taking place in two of the homes during the week. However, all parents would follow up with favorite activities that had been suggested.

Parents were generally pleased to show us how and what they had been doing from one week to the next. Some kept data for us.

Linnie McKean
Infant Education Teacher
St. Mary's County

E. HANDOUTS FOR INTRODUCTORY STAFF TRAINING WORKSHOP

PROJECT UPSTART

d.lee walshe, ph.d. project director

THE SEQUENCED NEURO-SENSORIMOTOR PROGRAM
(SNSP)
TRAINING WORKSHOP

I.	OVERVIEW	
	History of Project UPSTART Description of parent agency Current outreach	Larry Szuch
II.	INTRODUCTION TO NEURO-DEVELOPMENTAL THERAPY AND SENSORY INTEGRATION	Joan Frain
III.	INTERWEAVING ADAPTED NDT/SI WITH EDUCATION	Kay Kincaid
IV.	NEURODEVELOPMENTAL APPROACH TO SPEECH	Susan Abrams
V.	THE NEURO-SENSORIMOTOR SEQUENCE	
	Preparing the child for learning	Joan Frain
	Sequencing for an individual child	Joan Frain
	Group sequencing	Kay Kincaid
	Monitoring and teaming	Larry Szuch
VI.	QUESTIONS AND ANSWERS	Participants
VII.	EXPERIENCING SITUATIONS WHICH INTERFERE WITH LEARNING	Participants

Thank You for joining us.....

Please leave your completed evaluation forms.

dc society for crippled children
2800 13th street nw washington dc 20000 • 202 232-2342

PROJECT UPSTART

d.lee walshe, ph.d. project director

OUTREACH SERVICES

FACT SHEET

GENERAL DESCRIPTION OF SERVICES

Project UPSTART's outreach activities are directed toward stimulating increased high quality services for handicapped infants, preschoolers, and their families, while developing an effective outreach model. This outreach phase follows three years of model demonstration. For three years a program was developed; the Sequenced Neuro-Sensorimotor Program. Two sites are, with the assistance of outreach, replicating the program. Additional outreach activities this year have been: product development, training, and stimulating state involvement.

OFFICE

D.C. Society for Crippled Children
2800 13th Street, N.W.
Washington, D.C. 20009
Contact: D. Lee Walshe (202) 232-2342

OFFICE HOURS

8:30 a.m. - 4:30 p.m., Monday through Friday

SITE LOCATIONS

Infant Education Program
St. Mary's County Public Schools
Contact: Mr. Richard Wirth (301) 862-2174

Southeast Center
Church of the Holy Communion
Martin Luther King, Jr. Avenue, S.E.
Washington, D.C. 20036
Contact: Ms. Norma Evans (202) 562-7112

ERSONS SERVED

Eighty handicapped infants, preschoolers, and their families have been impacted through outreach services. Approximately 75% are severely or profoundly handicapped. The less handicapped provide us the opportunity of field testing the developed program among a different population. The staffs at the replication sites

have been receiving training and follow-up consultation. Many other persons have read our materials and attended awareness presentations or other national conventions, where we have presented.

AREAS SERVED
Northwest and Southeast Washington, D.C.
St. Mary's County

PROCEDURE FOR SECURING OUTREACH SERVICES
Contact Project Director: D. Lee Walshe, (202) 232-2342

FUNDING
Through the Office of Special Education, U.S. Department of Education, CFDA No. 84.024B.
In-kind support from D.C. Society for Crippled Children

SPECIFIC SERVICES

ASSISTING REPLICATING SITES
By providing workshops, pragmatic "hands on" training, consultation, demonstrations, instructional materials, information on equipment adaptation.

PRODUCT DEVELOPMENT
Outreach funding assists Project UPSTART to further develop its Sequenced Neuro-Sensorimotor Program and accompanying materials. Outreach also enables the staff to implement the program in rural and urban areas.

TRAINING
Reaches many persons aside from those at the replication sites: special educators, occupational therapists, physical therapists, speech pathologists, para-professionals, administrators. These persons are reached through workshops, presentations, practicums, and field work.

AWARENESS
These activities generate inquiries regarding the model program, the SNSP and materials which accompany it. They also focus attention on Early Childhood, on the needs for such services. Such awareness stimulates state involvement resulting in collaborative efforts to avoid duplication of services and to develop programs.

PARENT AGENCY DESCRIPTION
D.C. Society for Crippled Children is an Easter Seal Agency for Washington, D.C., Prince George's County and Southern Maryland. It is private, non-profit serving multi-handicapped infants and pre-schoolers. In addition to services in Northwest and Southeast Washington, D.C., D.C. Society is also developing programs in Prince Georges and St. Mary's counties, Maryland. Services offered to handicapped children, their parents, and the community are as follows: education programs, occupational therapy, social case work, counseling, speech and physical therapy, diagnostic evaluation, pediatric examination, orthopedic/pediatric/neurologic clinics, staff consultation to community agencies, training of student educators and student therapists, and the opportunity for on-site visits from professional and community sources.

PROJECT UPSTART

d.lee walshe, ph.d. project director

MODEL DEMONSTRATION CONTINUATION PROJECT

FACT SHEET

GENERAL DESCRIPTION OF SERVICES

Project UPSTART provides a neuro-sensorimotor program for children one to five years of age who are severely or profoundly mentally and/or physically handicapped. This program provides the following services:

- Diagnostic educational prescriptive program
- Therapeutic activities with an adapted NDT/SI approach
- Psychological Services
- Social Work Services
- Professional and Paraprofessional Training
- Volunteer Training
- Orthopedic, Neurological, Pediatric Clinics

LOCATION

D.C. Society for Crippled Children
2800 13th Street, N.W.
Washington, D.C. 20009

TELEPHONE

(202) 232-2342

CONTACT PERSON

D. Lee Walshe, Ph.D., Director of Program Services
Larry Szuch, Outreach Project Coordinator

HOURS

Office: 8:30 a.m. - 4:00 p.m., Monday through Friday
School: 8:45 a.m. - 11:15 a.m.
12:30 p.m. - 3:00 p.m. Monday, Tuesday, Thursday, Friday.

PERSONS SERVED

Fourteen severely handicapped children 1-5, with developmental delay of 50% or more in two or more curriculum areas on the Denver or Early LAP or 50% delay in one curricular area and one severe behavior problem.
Fourteen profoundly handicapped children 1-5, with developmental

delay of 75% or more in two or more curriculum areas on the Denver or Early Lap.

This program was developed under funding from the Office of Special Education (BEH) U.S. Department of Education. The D.C. Society for Crippled Children now supports this model demonstration program on-site.

AREA SERVED

District of Columbia, metropolitan area.

ADMISSIONS PROCEDURE

Call the Social Worker at the above phone number. Agency, medical, parent referral accepted. Appointments will be set for initial screening.

SPECIFIC DESCRIPTION OF SERVICES

Project UPSTART provides an integrated diagnostic educational prescriptive program and adapted neurodevelopmental therapy and sensory integrative therapy. The rationale for integration of education and therapy in meeting the needs of severely/profoundly handicapped very young children rests upon the awareness of the need for improvement of neuro-sensorimotor function as a basis for progress in the child's educational program. A plan for sequencing activities has been developed and is individualized for each child. Two seperate classrooms exist, one serving severely handicapped and one serving profoundly handicapped. There are 6 children in each classroom with programming for a half day. Twenty-eight children are served in total. Staffing consists of: teacher, therapist, and teacher assistant in each classroom. Program components address all curriculum areas. A behavior program is developed if behavioral assessment indicates that it is necessary. A toilet training program is developed with parents, utilizing techniques of behavior modification. A therapeutic feeding program is provided for children with oral neuro-muscular dysfunction. Cognitive/language programs are developed for each child, and children are grouped appropriately for program activities. The gross and fine motor program is totally integrated into the classroom structure and consists of individual handling, positioning, pre-ambulation, control of the sensory environment through therapeutic intervention.

SUPPORT SERVICES TO THE FAMILY

Parent training programs are provided in areas of: feeding, toileting, positioning and handling, personal care, hygiene, adapted equipment. Counseling in behavior management is offered. All parent training is directed toward enhancing parent skills in reinforcing their child's development in all curriculum areas. Social work services consist of: parent interview, support in crisis, planning for and provision of respite care, assistance

in referrals to outside agencies and future placement in another agency. Teachers and therapists visit the home and provide couseling and training. Recreation and social opportunities are provided for parents.

DEMONSTRATION SERVICES AND OUTREACH

An opportunity for members of the community to visit the model program on-site is provided. Workshops are offered to professional groups. Presentations are made off-site to interested parents, professional and para-professional groups. Slides and video-tape presentations have been developed. Care-takers, such as baby sitters, are offered assistance in acquiring skills. Cassette tapes, slides, video-tapes and written materials are available. Semester-long training programs are offered to universities for clinical training, pre-clinical experience and practicums. High school volunteers learn parenting skills. Consortiums and associations have been established and supported by Project UPSTART. Assistance is extended in coordinating services and in developing quality programs.

PARENT AGENCY DESCRIPTION

D.C. Society for Crippled Children is an Easter Seal agency, private, non-profit, serving multi-handicapped pre-school children and infants, with provision of an education and therapy program for one hundred children and counseling for parents. Diagnostic evaluations are made throughout the early intervention program by interdisciplinary teams. Medical services are provided by consultant physicians to children enrolled in the pre-school; and orthopedic and neurology clinics are held for handicapped people up to age twenty-one. Individualized educational plans are written for each child. Instructional objectives for therapists and teachers are stated in measurable terms. Services offered to handicapped children, their parents, and the community are as follows: educational programs, occupational therapy, physical therapy, psychological evaluation, language therapy, social case work, counseling, diagnostic evaluation, pediatric examinations, medical clinics, staff consultants to community agencies, training of student educators and student therapists, and opportunity for on-site visits from professional and community sources.

PRESENT OUTREACH SERVICE EXTENSION

D.C. Society for Crippled Children offers services to Southeast Washington, D.C., Southern Maryland and Prince Georges County, Maryland. The Office of Special Education, by granting outreach funding, has facilitated developing outreach services. The sequenced neuro-sensorimotor program is being replicated by D.C. Society's Southeast Center and by the Infant Education Program in St. Mary's County, Maryland. Project UPSTART anticipates assisting other communities in adopting the sequenced neuro-sensorimotor program.

PROJECT UPSTART

d.lee walshe, ph.d. project director

Sensory Integration

GLOSSARY

The following list of words was taken from the glossary of Sensory Integration and the Child, Ayres, A. Jean; L.A.; Western Psychological Services, 1979. The numbers in parenthesis refer to the chapters in which these terms are expalined in detail.

* Adaptive response: An appropriate action in which the individual responds successfully to some environmental demand. Adaptive responses require good sensory integration, and they also further the sensory integrative process. (1,2)

Aphasia: The inability to speak and, sometimes, difficulty in understanding the spoken or written word. (5,6)

Apraxia: The lack of praxis or motor planning. When seen in children, a sensory integrative dysfunction that interferes with planning and executing an unfamiliar task. (6)

Auditory: Pertaining to the sense of hearing. (3)

Autism: A form of brain disorder affecting the child's ability to relate to people, things, and events. (9)

* Body percept: A person's perception of his own body. It consists of sensory pictures or "maps" of the body stored in the brain. May also be called body scheme, body image, or neuronal model of the body. (3,6)

* Brain stem: The lowest and innermost portion of the brain. The brain stem contains nuclei that regulate internal organic functions, arousal of the nervous system as a whole, and elementary sensory-motor processing. (3,4)

Central programming: The neural functions that are innate within our central nervous system; the do not have to be learned. Creeping hands and knees and walking are good examples of centrally programmed actions. (6)

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*Cerebellum: The part of the brain that is wrapped around the back of the brain stem. It processes proprioceptive and vestibular sensations to help make body movements accurate. It also processes all other types of sensation. (3)

*Cerebral cortex: The outer layer of the cerebral hemispheres. It includes areas for very precise sensory processing, especially of visual and auditory details and sensations from the body. It also executes fine, voluntary body movements and speech. It is concerned with thoughts, mental evaluations, and goals. (3,4)

*Cerebral hemispheres: The two large sections of the brain that lie over and around the brain stem. The hemispheres continue the sensory processing that begins at lower levels and assist in producing voluntary motor responses and behavior.

Cocontraction: The simultaneous contraction of all the muscles around a joint to stabilize it.

*Cranial nerves: The set of nerves running from the head and face directly to the brain (without passing through the spinal cord) and from the brain back to the head and face.

Dyspraxia: Poor praxis or motor planning. A less severe, but more common dysfunction than apraxia. (6)

Extension: The action of straightening the neck, arms, back or legs.

*Facilitation: A nueral process that promotes the conduction of impulses or a response to them. Facilitation is the opposite of inhibition. (3)

Flexion: The act of bending or pulling in a part of the body.

*Gravitational insecurity: An abnormal anxiety and distress caused by inadequate modulation or inhibition of sensations that arise when the gravity receptors of the vestibular system are stimulated by head position or movement. (5)

*Inhibition: A neural process that reduces the conductivity of certain synapses so that some impulses are blocked. Inhibition performs an important function by reducing excess neural activity. Unlike in other fields of psychology, the neurologic term "inhibition" does not have a negative connotation. (3)

Labyrinth: From the Greek word for "maze". The complex bony structure of the inner ear. It contains both the vestibular and auditory receptors. (3,5)

*Laterilization: The tendency for certain processes to be handled more efficiently on one side of the brain than on the other. In most people, the right hemisphere becomes more efficient in processing spatial and musical patterns, while the left hemisphere specializes in verbal and logical processes. (3,4)

*Learning: A change in neural function as a consequence of experience. (1,2,3, 10)

Learning disorder: A difficulty in learning to read, write compute, or do schoolwork that cannot be attributed to impaired sight or hearing or to mental retardation.

Limbic system: The parts of the cerebral hemispheres concerned with emotionally based behavior and emotional response to sensory input. The limbic system receives and processes input from all sensory channels. (3)

Locomotion: Movement of the body from one place to another.

Modulation: The brain's regulation of its own activity. Modulation involves facilitating some neural messages to produce more of a perception or response, and inhibiting other messages to reduce excess or extraneous activity. (3,4)

Motor: Pertaining to body movement of posture.

*Motor planning: The ability of the brain to conceive of, organize, and carry out a sequence of unfamiliar actions. Also known as praxis. (6)

*Neuron: The structural and functional unit of the nervous system. It consists of a cell body with terminals for receiving nerve impulses and an fiber capable of sending impulses.

*Nuclei: A cluster of nerve cell bodies that organize and integrate sensory and motor activity. In a way, they are "business centers" for the operations of the brain.

Nystagmus: A series of automatic, back-and-forth eye movements. Different conditions produce this reflex. A common way of producing them is by an abrupt stop following a series of rotations of the body. The duration and regularity of postrotary nystagmus are some of the indicators of vestibular system efficiency. (5)

Occupational therapy: A profession that employs a purposeful activity to help the client form adaptive responses that enable the nervous system to work more efficiently. (10)

*Percept or perception: The meaning the brain gives to sensory input. Sensations are objective; perception is subjective. (3)

*Postural backround movements: The subtle, spontaneous body adjustments that make overt movements of the hands, such as reaching for a distant object, easier. These postural adjustments depend upon good integration of vestibular and proprioceptive inputs. (5)

Praxis: See Motor planning.

Prone: The body position with the face and stomach downward.

*Proprioception: From the Latin word for "one's own". The sensations from the muscles and joints. Proprioceptive input tells the brain when and how the muscles are contracting or stretching, and when and how the joints are bending, extending, or being pulled or compressed. This information enables the brain to know where each part of the body is and how it is moving. (3, 6)

*Protective extension: The reflex that extends the arms to provide protection when the body is falling.

Receptor: A cell or group of cells that are sensitive to some type of sensory energy. Receptors transform the sensation into electrical impulses and send them over sensory nerves to the spinal cord or brain. (1,3)

* Reflex: An innate and automatic response to sensory input. We have reflexes to withdraw from pain, startle at sensations that surprise us, and extend our head and body upward in response to vestibular input. There are many other reflexes. (2,3)

Recticular core: The central core of the brain stem, and one of the most complex and entangled portions of the brain. Every sensory system sends impulses to the reticular core, which then sends influences to all of the rest of the brain. (3)

* Sensory input: The streams of electrical impusles flowing from the sense receptors in the body to the spinal cord and brain.

* Sensory integration: The organization of sensory input for use. The "use" may be a perception of the body or the world, or an adaptive response, or a learning process, or the development of some neural function. Through sensory integration, the many parts of the nervous system work together so that person can interact with the environment effectively and experience appropriate satisfaction.

* Sensory integrative dysfunction: An irregularity of disorder in brain dysfunction that makes it difficult to integrate sensory input. Sensory integrative dysfunctions are the basis for many, but not all, learning disorders. (4)

* Sensory integrative therapy: Treatment involving sensory stimulation and adaptive responses to it according to the child's neurologic needs. Therapy usually involves full body movements that provide vestibular, proprioceptive, and tactile stimulation. It usually does not involve activities at a desk, speech training, reading lessons, or training in specific perceptual or motor skills. The goal of therapy is to improve the way the brain processes and organizes sensations. (10)

* Southern California Sensory Integration Tests (SCSIT): A series of tests designed to assess the status of sensory integration or its dysfunction.

Specialization: In general, the process by which one part of the brain becomes more efficient at particular functions. Most specialized functions are laterilized; that is, one side of the brain is more proficient in the function that the other side.

* Synapse: The place where two neurons make electrochemical contact and also the transmission of a nerve impulse form one neuron to the next. Neural impulses travel a path of many synapses, and each synapse adds to the processing of those impulses.

Tactile: Pertaining to the sense of touch on the skin. (3, 7)

* Tactile defensiveness: A sensory integrative dysfunction in which tactile sensations cause excessive emotional reactions, hyperactivity, or other behavior problems. (7)

Tonic neck reflex: The reflex that makes an arm tend to extend when the head is turned toward that arm. The other arm tends to flex at the same time. It should be integrated into the overall function of the brain the first few months of life, but remains overly active in many children with brain dysfunctions. (5)

*Tract: A long, thin bundle of nerve fibers that carry sensory input or motor responses from one place in the nervous system to another. (3)

Vestibular-bilateral disorder: A sensory integrative dysfunction caused by underactive vestibular responses. It is characterized by shortened duration nystagmus, poor integration of the two sides of the body and the brain, and difficulty in learning to read or compute. (5)

Vestibular nerve: The fibers of the eighth cranial nerve that carry vestibular input from the gravity receptors and semicircular canals to the vestibular nuclei. (3,5)

Vestibular nuclei: The groups of cells in the brain stem that process vestibular sensory input and send it on to other brain locations for organization of a response. These complex "business centers" also integrate vestibular input with input from other sensory channels. (3,5)

Vestibular receptors: The sense organs that detect the pull of gravity and the movements of the head. They are located in the labyrinth of the inner ear. Each inner ear contains gravity receptors in tiny sacs and movement receptors in semicircular canals. (3,5)

Vestibular-spinal tract: The pathways for neural messages from vestibular nuclei to the motor neurons in the spinal cord. Vestibular-spinal messages help to maintain muscle tone, hold the body upright, and keep the joints extended. (3,5)

*Vestibular system: The sensory system that responds to the position of the head in relation to gravity and accelerated or decellerated movement. (1,2, 3,5)

Visual: Pertaining to the sense of sight.

Project UPSTART
Neurodevelopmental Treatment

GLOSSARY

The following list of words was taken from Handling the Young Cerebral Palsied Child At Home, Nancie R. Finnie, N.Y., E.P. Dutton & Co., Inc., 1975.

Abduction: Movement of the limbs away from the midline of the body.

*Active movements: Movements a child does without help.

Adduction: Movements of the limbs towards the midline of the body.

Agnosia: Loss of ability to recognize experiences from the special senses (e.g. visual and auditory) and from other parts of the body, e.g. touch.

Aphaisa: Inability to perform purposeful movements although there is no muscular or sensory loss or disturbance.

*Associated reactions: Increase of stiffness in spastic arms and legs resulting from effort.

*Asymmetrical: One side of the body different from the other - unequal.

Ataxic: A type of cerebral palsy in which the child has no balance; he is jerky and unsteady, his movements are poorly-timed, graded and directed.

Athetoid: A type of cerebral palsy in which the child has uncontrolled and continuously unwanted movements.

*Automatic movements: Necessary movements done without thought or effort.

*Balance: Maintaining equilibrium.

*Body awareness: Knowledge of one's body - in terms of both the idea of its different parts and their relation to each other.

Cerebral Palsy: Disorder of posture and movement resulting from brain damage.

Clonus: Shaking movements of spastic muscles after the muscles have been suddenly stretched.

Colour Perception: The recognition and differentation of hues and intensity of color.

Contracture: Permanently tight muscles and joints.

*Contralateral: Refers to the opposite side, usually concerns extremities, e.g. right arm, left leg.

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*Coordination: The patterning of the action of the muscles of the body, i.e. their "working together" is controlled by the brain and is necessary for the maintenance of posture, for balance and the performance of movements.

Cyanosis: Blue discoloration due to circulation of imperfectly oxygenated blood.

*Deformities: Body or limbs fixed in abnormal positions.

*Development: Growth of the brain and body.

Developmental Dysphasis: Delayed development of normal language and speech due to neurological damage.

Diplegia: A type of cerebral palsy the legs being mostly affected, but often with some involvement of the arms.

Distractable: Unable to concentrate.

Dorsi-flexion: The lifting of the foot up towards the body.

Dyslexia: Impaired ability to read.

*Equilibrium: State of balance.

Eversion: Turning of the foot.

Extension: Straightening of any part of the body.

Eye-motor coordination: The ability to coordinate vision with motor activities.

*Facilitation: Making it possible to move.

Flexion: Bending of any part of the body.

Flaccid: Floppy - (see Hypotonia)

Floppy: Loose of poor posture and movements.

*Hypotonia ("Floppiness"): Decreased muscle tension, preventing maintenance of posture against gravity, also difficulty in starting a movement due to lack of fixation.

*Handling: Holding and moving with or without the help of the child.

* Head control: Ability to control the position of the head.

Hemiplegia: A type of cerebral palsy in which only one half of the body is involved. It is usually this type of child who shows asymmetry most clearly.

* Inhibition: A technical term used in treatment. Special techniques of handling are aimed at stopping the spastic or athetoid patterns which prevent or interfere with normal activity.

Inversion: Turning in of the foot.

Key points: Parts of the body mostly proximal from which one can reduce spasticity and simultaneously facilitate more normal postural and movement reactions.

Movement: Change of position.

Monoplegia: A type of cerebral palsy in which only one limb is affected - rarely seen.

Muscle tone: The state of tension in muscles at rest and when we move - regulated under normal circumstances subconsiously in such a way that then tension is sufficiently high to withstand the pull of gravity, i.e. to keep us upright, but is never too strong to interfere with our movements.

Nystagmus: Continual oscillation of the eyeballs.

Occupational Therapy: Treatment given to help the child towards the greatest possible independence in daily living.

Passive: That which is done to the child without his help or cooperation.

Pathological: Abnormal.

Patterns of movement: In every movement or change of posture produced by it, the brain throws muscles into action always in well coordinated groups that is in patterns.

Perception: The process of organizing and interpreting the sensations an individual receives from internal and external stimuli.

Perseveration: Unnecessary repetition of movement and/or speech.

Phonation: Ability to utter vocal sounds.

Physiotherapy: The treatment of disorders of movement.

Planta-flexion: The pointing of the foot downwards.

Posture: Position from which the child starts a movement.

Primitive movements: Baby movements.

Supination: Turning of the arm with palm of hand down.

Prone: Lying on tummy.

Quadruplegia: A type of cerebral palsy in which the whole body is affected.

Reflexes: Postures and movements completely beyond child's control.

Retardation: Slowing down of physical and mental development.

Neurodevelopmental treatment/glossary/ pg. 4

Righting: Ability to put head and body right when positions are abnormal or uncomfortable.

Rigidity: Very stiff posture and movements.

Rotation: Movement that takes place between hip and (then) shoulder or vice versa.

Sensori-motor experience: The feeling of one's own movements.

Skill: Ability to preform a task.

Spasm: Sudden tightening of muscles.

Spasticity: Stiffness.

Spatial: Relationship of one thing to another in space learned through vision and movement.

Speech Therapy: Treatment given to develop and to improve speech, and to help with feeding problems.

Stereognosis: The ability to recognize shape, size, and/or weight of objects.

Stimulation: Provide the desire to move, speak, etc.

Supine: Lying on back.

Symmetrical: Both sides equal.

Tonic neck reflex: When the turning of the head causes one arm to straighten and stiffen and the other to bend and stiffen.

Truck: The body as distinct from the limbs.

Valgus feet: Flat feet.

Visual memory: The ability to retain and reproduce shapes seen briefly.

* Voluntary movements: Movements done w h intention and with concentration.

SEQUENCED ACTIVITIES IN A NEURO-SENSORIMOTOR PROGRAM
FOR THE PROFOUNDLY HANDICAPPED

Time	Terminology in Therapy	Terminology in Education	Sample Activities
8:45 to 9:15 12:30 to 1:00	Controlled Sensory Input & Body Tone Normilization for Sequenced Activity	Sensory and Body Tone Preparation	Provide a quieting environment for the hypertonic child; example: reduce lighting; expose to non-abrasive texture, reduction of aversive sound. Provide an arousing environment for the hypotonic child by providing: normal lighting or brighter; exposure to slightly aversive textures, conversational sound or above. The respiratory system will be stimulated in various non-supine positions for a nasal abdominal-thoracic pattern with a longer inspiratory-expiratory cycle. Provide handling to inhibit abnormal patterns of movement in order to then facilitate a normal pattern of movement on a base of normal tone as preparation for subsequent activity.
9:15 to 9:30 1:00 to 1:15	Neuromuscular facilitation of functional body movement toward support for subsequent activity	Basic gross motor activities	Through positioning and individual handling abnormal reflex activity will be inhibited. Facilitating activities will consist of the following examples: turn the body side to side, keeping the muscle tone normal, weight bearing on knees and arms, use of therapeutic ball; bolster for dynamic movement of the body.
9:30 to 10:00 1:15 to 1:50	Oral Normilization, Speech and Feeding	Therapeutic mealtime	Caretaker stimulates the external and internal oral area utilizing specific techniques taught by the speech therapist which will normalize muscle tone and sensitivity of the tongue, jaw and cheeks. This activity should be immediately followed with speech and/or feeding. Speech sounds should be analyzed according to place, manner, and fuctional use and programmed for accordingly; i.e. adequate lip closure for /b/, /p/, and /m/, later during mealtime to be produced for /m/ for "more" when interested in the cereal. Menus consisting of proper texutre, warmth, flavor and nutrition must be planned. Appropriate positioning and presentation of food must be analyzed and provided for each child. The child may need assistance through jaw control for sucking, swallowing, biting and

Time	Terminology in Therapy	Terminology in Education	Sample Activities
			chewing. Pressure on the base of the tongue (behind chin) may facilitate swallowing.
10:00 to 10:15 2:05 to 11:05	Rest period, clean-up, toilet needs	Rest period, clean-up, toilet needs	Between cleaning up and toileting, provide 15 minutes rest for each child.
10:15 to 11:05 2:05 to 2:50	Visual/auditory stimulation, cognition, & language activities	Visual/auditory stimulation, cognition, & language activities in small groups (mini-circle) and large groups (main circle)	Throughout this period visual and auditory stimulation cognitive and language activities will be worked on at an appropriate level for each child. Activities may range from a minimal gross motor response directed toward an object, to demonstrating cognitive development with manual performance on a language board, to verbal response. Weight bearing in prone the caretaker can present an auditory stimulus and note a change in the child's behavior, is an example of multi-stimulus event directed toward encouraging an integrated response.
11:05 to 11:15 2:50 to 3:00	Departure, dressing maintenance of body tone	Departure, dressing maintenance of body tone	This is a natural period for facilitative handling that elicits as independent a response as possible in the natural situation of dressing. The optimal level of balance between environmental stimulus and child's response will be maintained ao adjusted. It is hoped that the child will maintain more normal body tone and appropriate environmental response for as long as possible. Therapists attend to maintaining each child's optimal relationship to environment while the teacher's concern is directed toward eliciting as much independence in dressing as possible and social response to departure.

SEQUENCED ACTIVITIES IN A NEURO-SENSORIMOTOR PROGRAM
FOR THE
SEVERELY HANDICAPPED

Time	Terminology in Therapy	Terminology in Education	Sample Activities
8:30 to 8:45 12:30 to 12:45	Controlled Sensory Input	Sensory Preparation	Provide a quieting environment for the hypertonic child, example: reduce lighting, expose to non-abrasive textures, reduction of abrasive sound. Provide an arousing environment for hypotonic child by providing: normal lighting or brighter, exposure to slightly aversive textures, conversational sound or above.
8:45 to 9:30 12:24 to 1:30	Neuromuscular Facilitation and utilization of adaptive response	Basic Gross Motor activity which encourages appropriate independent response	Activities will involve personal handling to inhibit abnormal patterns of movement in order to then facilitate a normal pattern of movement on a base of normal tone. This will be accomplished while the child is engaged in an appropriate gross motor activity such as: crawling, rolling, walking. The person handling the child during this period must allow the the child to perform as independently as possible, providing only subtle intervention.
9:30 to 10:00 1:30 to 2:00	Activities of Daily Living	Self-Help Activities Feeding, Toilet Training	Independent body functioning will continue to be encouraged during therapeutic mealtime and toileting. The feeding program for the child with poor oral neuromuscular functioning will include pre-feeding handling, such as: positioning, oral swallowing, biting, and chewing, as, for example, in tapping cheeks to increase tone. The "communication system" of the child should be incorporated during actual feeding, when motivation for most children is high. While food is being prepared and staggered feeding is initiated, caretaker should work with some children on stimulating the respiratory and phonatory systems.
10:00 to 10:45 2:00 to 2:45	Visual and Auditory Stimulation, Cognition, Language	"Mini-Circle" time and "Main-Circle" will be utilized with particular emphasis on visual, auditory, language and cognition	Small groups will be formed for involvement in specific activities in visual/auditory stimulation, cognition, language. Visual-present a high motivational object in midline and slowly move it to one side and note the child's response in the head and eyes.

Time	Terminology in Therapy	Terminology in Education	Sample Activities
			Auditory-open a package of crackers making a lot noise and observe the child's change in behavior when in his sight and when moved out of his sight. Communication-relating recurrence "more" or desire "want" through sign language, a photograph, or Blissymbol Cognition-developing means-ends through functional use of a string toy. This period will begin with a large circle with activities (visual/auditory stimulation or cognition or language) that are appropriate for all children, i.e., singing a song and following directions within each child's motoric abilities or water play activity where all the children are actively participating. Intersperse some "free" time for peer interaction whe appropriate.
10:45 to 11:oo	Departure: maintenance of body tone and activities of daily living	Departure: maintenance of body tone and activities of daily living	Dressing and toileting occur prior to leaving. As needed, stimulating cognition, i.e., "go get your coat" and independence while maintaining normal body tone will occur. The child should be encouraged to indicate socially that he is leaving. Therapist's attention to maintaining each child's optimal relationship to the environment is given while the teacher's concern is directed toward the social aspect of departure and an activity of daily living.

REPLICATION CRITERIA FOR PROJECT UPSTART SITES

ACCOMPLISHMENT CRITERIA FOR TRAINED REPLICATION STAFF PERSON

The replication site staff person will have reached desired level of competance in response to training and consultation when scores from the following measures -- (1) Staff Questionnaires; (2) Observation Report; (3) Conduct Scale -- average 80% of possible score points (352 points total for the three measures).

REPLICATION SITE CRITERIA

To be considered for reduction of outreach services, the replication site must have at least one teacher and one therapist who have reached 80% criterion for the replication staff person. In addition, the replication site must have an intervention team that has achieved 80% of possible score points (105) on the Team Observation Report.

STAFF QUESTIONNAIRE
REPLICATION STAFF PERSON

1. Define Neuro-Developmental Therapy:

2. Define Sensory Integration:

3. Complete: The Sequenced Neuro-Sensorimotor Program interweaves techniques of _____ and techniques of _____ with _____.

4. Circle the correct answer; either a or b.

   The correct answer for the SNSP is:

   a. sensory input, language, cognition, motor response, self-help, and fine motor.

   b. sensory input, motor response, self-help, fine motor, language, cognition.

5. There is a phrase that expresses well what we do with the child in the first part of the interaction period (complete) We _____ the child for _____.

6. A case history of a child you are familiar with is appended. Please use a blank sheet of paper to prepare an individually sequenced plan for a child.

OBSERVATION REPORT
ON
REPLICATION STAFF PERSON

1. Verbalizes a grasp of the concept of preparing the child for the learning experience.

2. Demonstrates skill in facilitating the child's progress from sensory to motor, self-help up through fine motor, language and cognition.

3. Demonstrates attention toward child in positioning and handling.

4. Demonstrates use of sensory awareness activities.

5. Demonstrates integrated delivery of child services, incorporating therapy and education.

6. Demonstrates participation in the team approach to service delivery.

/	/	/	/	/	/	/
21	18	15	12	9	6	3
Excellent			Satisfactory			Not Satisfactory

Name:_____

Observer:_____

Score: From R to L
Each bar increases by 3 points.
(please circle how you would rate this staff person in each of the above six areas.)

PROJECT UPSTART

CONDUCT SCALE
REPLICATION STAFF PERSON

1. Accepts "sequencing" from sensory through motor on up to cognitive as a logical approach.	/	/	/	/	/	/	/
2. Demonstrates verbal enthusiasm for at least two program areas.	/	/	/	/	/	/	/
3. Attempts to resolve a problem while maintaining positive attitudes about the program as a whole.	/	/	/	/	/	/	/
4. Demonstrates the ability to be flexible.	/	/	/	/	/	/	/
5. Displays creativity in working within the structure provided by the SNSP.	/	/	/	/	/	/	/
6. Offers constructive criticism in regard to the SNSP program.	/	/	/	/	/	/	/
	21	18	15	12	9	6	3
	Excellent			Satisfactory			Not Satisfactory

Name:_____

Observer:_____

Score: From R to L
Each bar increases by 3 points.
(please circle how you would rate this staff person in the above six areas).

PROJECT UPSTART

REPLICATION TEAM OBSERVATION

1. Team members ask questions that pertain to sequencing.	/	/	/	/	/	/	/
2. Team has incorporated the suggestions and techniques obtained through staff training.	/	/	/	/	/	/	/
3. Environment has been modified to to enhance sequencing.	/	/	/	/	/	/	/
4. Team members observed to assist each other in adhering to sequencing.	/	/	/	/	/	/	/
5. Team demonstrates willingness to use and train volunteers and students to augment child/staff ratio.	/	/	/	/	/	/	/
	21	18	15	12	9	6	3
	Excellent			Satisfactory			Not Satisfactory

Name:_____

Observer:_____

Score: From R to L
each bar increases by 3 points.
(please circle how you would rate the team in the above areas.)

REPLICATION TEAM OBSERVATION

1. Team members ask questions that pertain to sequencing.	/	/	/	/	/	/	/
2. Team has incorporated the suggestions and techniques obtained through staff training.	/	/	/	/	/	/	/
3. Environment has been modified to to enhance sequencing.	/	/	/	/	/	/	/
4. Team members observed to assist each other in adhering to sequencing.	/	/	/	/	/	/	/
5. Team demonstrates willingness to use and train volunteers and students to augment child/staff ratio.	/	/	/	/	/	/	/
	21	18	15	12	9	6	3
	Excellent			Satisfactory			Not Satisfactory

Name:_____

Observer:_____

Score: From R to L each bar increases by 3 points. (please circle how you would rate the team in the above areas.)

PROJECT UPSTART

d.lee walshe, ph.d. project director

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PROJECT UPSTART
CONTINUATION MODEL DEMONSTRATION CLASSROOMS
LIST OF ASSESSMENT INSTRUMENTS
1980-1981

Instruments	Skill Areas Assessed
Learning Accomplishment Profile for Infants (Chapel Hill Training-Outreach Project, 1975 Criterion referenced).	Developmental profile of existing skills in areas of gross and fine motor, self-help, social, language, and cognitive skills.
Test of Gross Motor and Reflex Development (Hoskins and Squires, 1973, Criterion referenced items, clinically tested).	Assesses presence of abnormal reflexes and development of normal reflex and gross motor skills.
Receptive-Expressive Emergent Scale (Bzoch and League, 1971, Standardized, for small sample populations.	Receptive and expressive language.
Behavior Modification Data Collection (individualized for each child in a given environmental situation).	Base line in any area, behavior changes in any area.
Vineland Social Maturity Scale (Doll, 1965, Standardized).	Adaptive behavior.
Infant Intelligence Scale (Cattell, 1940, Standardized).	Current level of cognitive performance.
Callier-Azusa Scale (Stillman, ed., developmentally based assessment scale relevant to deaf-blind children, 1974, field tested).	Developmental level description in five skill areas: motor, perception, daily living, language and social.
Caldwell HOME Inventory (Center for Child Development University of Arkansas, Little Rock, Arkansas).	Child/parent interaction and level of environmental stimulation available in the home.
Parent Help Wanted Questionnaire Parent Help Received Questionnaire (D.C. Society for Crippled Children, Washington, D.C.).	Comparison of the two questionnaires gives a percentage of the expressed needs that have been met by the program.

FEEDBACK AND EVALUATION

Please circle appropriately

1. What is your discipline?
   A. Teacher
   B. Physical Therapist
   C. Occupational Therapist
   D. Speech Therapist
   E. Administrator
   F. Parent
   G. Para-Professional
   H. Other

2. What segment was most interesting?
   A. Overview
   B. Neuro-developmental Therapy & Sensory Integration
   C. Interweaving NDT and SI with Education
   D. NDT Approach to Speech
   E. Neuro-Sensorimotor Sequence
   F. Questions and Answers
   G. Experiencing Situations that Interfere with Learning

3. What segment was most informative?
   A. Overview
   B. Neuro-developmental Therapy & Sensory Integration
   C. Interweaving NDT and SI with Education
   D. NDT Approach to Speech
   E. Neuro-Sensorimotor Sequence
   F. Questions and Answers
   G. Experiencing Situations that Interfere with Learning

4. Did you obtain a general understanding of Project UPSTART's program?
   Yes
   No

5. Did you obtain a general understanding of Neuro-developmental Therapy and Sensory Integration?
   Yes
   No

6. Please indicate area(s) not clearly presented if you answered #4 or #5 "no".

7. Comments of suggestions.

G. START-UP MANUAL

PROJECT UPSTART's
SEQUENCED NEURO-SENSORIMOTOR PROGRAM

START-UP MANUAL

The Sequenced Neuro-Sensorimotor Program (SNSP) is a method of service delivery which places emphasis upon preparing the child for learning. It is a unique approach to intervention for severely/profoundly handicapped infants and pre-schoolers. The SNSP interweaves the techniques of neuro-developmental therapy and sensory integration with educational activities. It is a program requiring a lot of initial planning and organization. It also requires considerable skill in the latest theraputic approaches for very young handicapped children. Teachers must be aware of the need for and how to position a handicapped child. It is undeniably more expensive to educate severely/profoundly handicapped with the extensive therapy needs. Despite all the aforementioned, the rewards are many. The SNSP generates a cooperative team approach. It provides a structure or framework within which activities gleaned from a variety of sources may be included.

This procedure for implementation has been divided into Stage I and Stage II. It spans 6 months. A year is preferable, yet it seems that in most situations, the lead time is never long enough. During both stages, planning should include participating representatives from all disciplines to be included in the developed program. The first three months should involve administrators and a consultant team. The second three months should involve the program coordinator and program staff.

To return now, to the conceptual support for this program, the SNSP rests heavily upon the principles of adapted NDT and SI. Neuro-developmental therapy may be defined as follows:

> Neuro-developmental therapy is based on techniques developed by Berta Bobath, P.T.* These techniques are based on the normal developmental sequence and emphasize subcortical control of body movements. Abnormal body tone (abnormal residual reflexes) is inhibited while inherent automatic movement patterns are encouraged through therapeutic handling. The child's sensory and proprioceptive input is altered to the extent that the body is prepared for normal movement.
>
> *and Karel Bobath, M.D.

Sensory integration is:

> "Treatment involving sensory stimulation and adaptive responses to it, according to the child's neurologic needs. Therapy usually involves full body movements that provide vestibular, proprioceptive and tactile stimulation.
>
> The goal of therapy is to improve the way the brain processes and organizes sensations".
>
> From Sensory Integration and the Child, by A. Jean Ayres, Ph.D., Western Psychological Services, L.A., CA-1979.

We refer to these two techniques as adapted to avoid concern with being purists, if any particualr therapeutic technique is effective with a child, we will support its use.

Short courses are offered in both NDT and SI, and are invaluable in acquiring the skills that are so essential in correctly implementing the SNSP.

One can, however, build a general sequence for a group of children. Procedure:

STAGE I

Step 1. The State Supervisor of Special Education (or administrator in a private setting) establishes a planning committee to consist of: principal of the school which will house the programs, his/her immediate supervisor, consultants in Special Education, Occupational Therapy, Physical Therapy, and Speech Therapy who are knowledgeable in Neuro-Developmental therapy and, preferably, also in sensory integration. Two parents of children who will be served should also be on the committee.

Step 2. The planning committee should meet to review UPSTART's developed program materials, staff requirements, staff availability, special needs of SPH children, available physical facilities, available equipment, budget guidelines. At this point the planning committee should arrive at a decision regarding whether to replicate UPSTART's Sequenced Neuro-Sensorimotor Program. If agreement on replication is reached:

Step 3. Select a site that will accommodate both SPH children and the activites essential to a theraputic program for these very handicapped children.

Step 4. Identify the structural building adaptations necessary to accomodate SPH pre-schoolers and infants.

Step 5. Allocate space considering the needs of all the disciplines.

Step 6. The consultant team should identify staffing requirements and level of expertise. (Refer to Appendix for suggested staffing patterns).

Step 7. This consultant team investigates and documents staff development opportunities, travel involved, and costs. Tentative plans should also be presented for staff training during the first operational year. (Refer to appendix for staff training needs).

Step 8. Consultant team identifies the need for resource persons.

Step 9. Consultant team identifies need for major initial equipment. (See Appendix for suggested equipment.)

Step 10. Consultant team identifies transportation requirements.

Step 11. Committee reports to Supervisor of Special Education.

Step 12. School administrator identifies and hires program coordinator.

STAGE II

Step 1. Program coordinator hires staff to meet the requirements identified in Stage I planning.

Step 2. With staff hired, one week should be spent in review of UPSTART's Sequenced Neuro-Sensorimotor Programs for SPH Infants and Pre-Schoolers. Some initial adaptation will possibly be made due to staffing patterns, etc. (See Appendix for sample sequenced program).

Step 3. Coordinator and staff develop an evaluation package (see Appendix for list of assessments used by UPSTART, as well as sample IEP and End of Year Report).

Step 4. Coordinator and staff review recommendations for staff development made during Stage I. They explore their own needs for additional professional training. They develop a plan for staff development. (See Appendix for suggested training needs for staff working with very young SPH child.)

Step 5. Staff participates in group discussions to explore how they are going to interface as separate disciplines working cooperatively on a program of mutual concern. A consultant on inter-disciplinary relationships might be called in.

Step 6. If classrooms are embedded in another service system, establish a liason with the staff.

Step 7. Finish all equipment and material purchasing. Make adaptation on equipment.

Step 8. Final Planning Conference is held to integrate all components of the program and to document: the Sequenced Neuro-Sensorimotor Programs as adapted to meet local needs with accompanying evaluation package, the children's programs, parent programs and community involvement.

APPENDED

1. How to Develop an Individual SNSP
2. Sample of Individual SNSP for Severely Handicapped Children
3. Sample of Individual SNSP for Profoundly Handicapped Children
4. Sample of Group SNSP for Severely Handicapped Children
5. Sample of Group SNSP for Profoundly Handicapped Children
6. Suggested Staffing Patterns
7. Suggested Staff Training Needs
8. Suggested Volunteer Training Packet
9. Basic Equipment Suggestions
10. Assessment Instruments
11. Sample IEP
12. Sample End of Year Report for Individual Child

DEVELOPING AN INDIVIDUAL SNSP

When developing an Individualized SNSP for each child, keep in mind that the program changes as the child changes; your future goal, if global, may not appear in the SNSP until the child is almost ready to attain them. The SNSP is always building toward future goals but in attainable increments. The focus is on the total child, including his need for successful experiences.

In conceptualizing an Individualized SNSP for the child, you must first list goals for each discipline-area of expertise pertaining to each specific child and environmental modification needed.

a. List educational goals in order from most simple to most complex demands (keeping in mind the sequencing format) along with potential need for modification of the classroom environment.

b. List therapy goals in order from most simple to most complex demands (keeping in mind the sequencing format) and with potential need for modification of the classroom environment.

c. List the equipment (positioning equipment,eg. special cushions, special chairs, prone board, special table). List as much as possible, from lower to higher, demand for independent activity on the child's part(eg. side lying on more involved side versus sitting in a specially constructed supportive chair versus using standard chair with minimal support).

Secondly, be aware of the individual limitations in all areas of the child's development. When mapping out the child's initial SNSP, you begin with <u>where</u> the child is <u>now</u>. Activities relating to goals not achievable in the early program should be broken down into smaller steps, thereby establishing a high initial level of performance at the beginning of the program. (eg. to normalize tone initially may take as long as 15 minutes with periods throughout the day for maintenance. As the handling becomes consistent at school and home, the need for intervention during the school program may diminish to five minutes, thereby freeing ten minutes along the way to incorporated goals which are less fundamental).

After all the above conceptual information has been accumulated, proceed to documenting the SNSP for each child on paper.

Step 1. On a piece of paper, turned lengthwise, draw three columns. In the far left one, put the time your population arrives at the top and the time your population leaves at the bottom. Consider the children's disabilities as indicating how long to keep the group in a certain activity. (See sample SNSP attached).

Step 2. Mark the middle section with the curriculum area, i.e. Sensory Integration, Gross Motor, ADL, Small Group Emphasis, and Large Group Emphasis. If you wish, you can use both terminology in education and terminology in therapy.

Step 3. Mark the right hand section "Sample Activities". In this section, write the activities of the given child which relate to the sequencing format. (See sample SNSP attached.) Note that equipment and other environmental modifications should be listed here.

SAMPLE INDIVIDUAL SNSP
FOR SEVERELY HANDICAPPED CHILD

Room 3
John

SEQUENCED DAY ACTIVITIES

Time	Input	Activities
8:45	Arrival	"Hi"; "Take off coat, put in cubby, come here".
	Sensory Stimulation	3 textures, whole body; body parts with textures. With rolled up pants legs and sleeves, have John roll, crawl, sit, kneeel, stand, etc., on corrugated cardboard, rugs, etc. Reach for objects in bags, box, plastic containers., etc.
	Free Play	Reward straight sitting (no "W"). Encourage appropriate no in play.
9:15	Gross Motor	Bolster (prone, supine, stratted, wheel barrel walking up and down incline, sliding up and down with feet guided. Stair climbing; walk on tip toe; alternate steps on line, balance beam; jumping activities (for distance), standing on one foot.
	Snack	See lunch.
10:15	Toileting	"Diaper time". John gets his diaper and lays on the mat. Me questions. Sensory input with sipes/powder/lotion. John rubs too. "Pants up"- he pulls.
10:30	Mini Circle	"Get your chair, come here, sit down". Lower frequency body parts. Name objects, actions, functions; point to picture or object, three (choices). Object function questions. "Me too" answer questions.; pincer grasp; 6 cube tower; form board (right hand).
11:30	Quiet time	Hugs, attention rest and sleep
12:15	Sensory Stimulation	Sensory - see above; stimulation as needed.
12:30	Gross Motor	Ride Tricycle (Mr. Kaplan); Hammock (O.T.)
12:45	Lunch	"Go to sink, wash hands"; dry hands, throw towel away. "Get your chair, bring here, sit down". Rt. hand one food at a time. Who wants lunch? Me. Say lunch words. Pincer grasp (when appropriate). Vary Textures. No -- when appropriate. Stand up, take cup, put on tray, encourage sitting through meal.

Room 3
John

Time	Input	Activities
1:45	Mini Circle	Free play - reward straight sitting and appropriate "no". Identify picture of mama and papa.
2:00	Toileting	See above toileting
2:15	Main Circle	"Get your chair, bring here, sit down: "Who wants music?" Me. "Who is here today?" Me. Word production and singing. Hi and bye (when appropriate). "Stand up, put away your chair".
2:40	Departure	"Who is ready to go:? Me. "Go to cubby, get your coat, put it on. "Bye, Bye".

SAMPLE INDIVIDUAL SNSP
FOR PROFOUNDLY HANDICAPPED CHILD

Room 2
Ansonja

NOTE: Encourage vocalization continuously
Therapeutic handling

Time	Input	Activities
12:30	Arrival	Greeting, encouraged (smile) encourage her to remove hat; assist with taking arm out of sleeve.
12:30-12:40	Body Tone Preparation	Assistant (dampening) handles Ansonja to reduce overall body tone through trunk rotation; range of motion to feet; weight bearing on feet, knees, and hands; practive balancing in taylor sitting, etc.
12:40	Re-Position	On right side using U-foam for for trunk support, extra head support.
12:45-12:50	Individual Activity	Encourage grasping and moving of small objects (squeak toys) (happy apple) talk to Ansonja and encourage babbling.
12:50 - 12:55	Reposition	On left side using U- foam with pillow under head.
12:55	Reposition	Prone over red wedge (monitor)
12:00-1:10		Encourage Ansonja to look up at other children while in prone position until it is her turn for gross motor activity.
	Gross Motor	Segmental rolling; blanket side; parachute play; donut roll, etc.
1:10	Re-Position	Triangle chair with tray and abbductor post use upper trunk and waist straps (velcro); monitor foot position.
1:15-1:30	Snack	Assistant will use oral desentization techniques before feeding to reduce facial tone; present 2 choices of food and have Ansonja choose one by eye gaze; have Ansonja sign for "more"; encourage vocalizations; monitor body tone during feeding; use jaw control during drinking (cut-out cup). Use small coated spoon for feeding. Encourage good head alignment through the position of food presented.

Room 2
Ansonja

Time	Input	Activities
1:30	Re-Position	Pony seat/sitting (seat propped on doubled mat) with wedges between wall and seat so pony is even with mat edge; use square wedge on top of pony behind head to encourage flexion. MONITOR
1:35-1:50	Individual Activity	Suspend toy in front of Ansonja below eye level and encourage interaction (grasp and release); as an alternative, allow Ansonja to observe her classmates and encourage vocalization and interaction.
1:50-1:55	Toileting/Rest Period	Start baseline for toileting (dry check during day every 15 min.); take her to restroom for pamper change; (sit on potty when dry at this time); experience smells (baby wipes, powder) Explore need for adaptations to potty chair; will need to hold her while using chair.
1:55	Re-Position	Taylor sitting with adult support.
2:00-2:15	Group I Language/Cognition	Work on attending to activity, mirror image, picture books; identifying objects such as pamper, cup, spoon, sock, shoe, shirt, etc. by looking at named item; puppet play; listening to tape recorder with ear phones; following directions, etc.
2:15	Re-Position	High chair with strap crossed between legs to hold Ansonja's hips back in chair (tied to back bar). Use U-foam on its side for hip and trunk support with additional U-foam at upper trunk to help maintain alignment, use tray as resting place for hands, foot rest MONITOR.
2:20-2:30	Gruup I - Sensory Awareness	Encourage interaction in body box with oatmeal play; bubbles, attending to colored lights, lotion rub, etc.

Room 2
Asonja

Time	Input	Actities
2:30	Re-Position	THERAPIST/TEACHER ONLY. Prone Board; with short leg braces on (no bar on right foot); reduce body tone if necessary before putting her on board (marked with her name at correct adjustment points); use velcro foot straps, strap at hips, knee support pad, velcro strap for upper trunk. MONITOR CONTINUOUSLY
2:34-2:45	Main Circle	Songs requiring movement. Special Activities - yogurt shakes, popcorn, parties
2:45-3:00	Preparation for Departure	Encourage cooperation during dressing; assisting in putting arm through sleeve; recognition of coat and hat; response to bye-bye (gesture vocalization smile)
3:00	Driver will come to room.	

GROUPING INDIVIDUALIZED SNSPs INTO WORKABLE CLASSROOM GROUP STRUCTURE

After the Individualized SNSPs for a given classroom have been accomplished, the team then meets to develop the full classroom schedule.

Here is the time when some individual concessions are made for the group's good. Here we find that a given child may require additional school tutoring, physical therapy, occupational therapy or speech therapy.

Typical concessions seem to be:

1. Taking child outside of the classroom for a limited time. (This means the team member teacher or therapist or aide will be away and this means that the rest of team members miss observing the child's response to and activity done with the child).
2. A child may receive individualized gross motor/fine motor therapy during small group time in addition to therapy received during gross motor time. (This means that the team must look for alternative times to reach other goals).
3. A child may receive intra-oral stimulation after feeding during small group time. (This again means that the team must look for alternative times to reach other goals). Yet if the child's ability to masticate and to move his tongue improves, then we have some basis for articulation.
4. Individual needs influence duration of sequencing program segments, i.e., short attention span may require that one child be removed from a group activity for another activity, one on one.
5. The concept of gross motor: whether it is best as an individual or small group segment or as a total group segment with all children participating.

SEQUENCED ACTIVITIES IN A NEURO-SENSORIMOTOR PROGRAM
FOR THE
SEVERELY HANDICAPPED

Time	Terminology in Therapy	Terminology in Education	Sample Activities
8:30 to 8:45 12:30 to 12:45	Controlled Sensory Input	Sensory Preparation	Provide a quieting environment for the hypertonic child, example: reduce lighting, expose to non-abrasive textures, reduction of abrasive sound. Provide an arousing environment for hypotonic child by providing: normal lighting or brighter, exposure to slightly aversive textures, conversational sound or above.
8:45 to 9:30 12:24 to 1:30	Neuromuscular Facilitation and utilization of adaptive response	Basic Gross Motor activity which encourages appropriate independent response	Activities will involve personal handling to inhibit abnormal patterns of movement in order to then facilitate a normal pattern of movement on a base of normal tone. This will be accomplished while the child is engaged in an appropriate gross motor activity such as: crawling, rolling, walking. The person handling the child during this period must allow the the child to perform as independently as possible, providing only subtle intervention.
9:30 to 10:00 1:30 to 2:00	Activities of Daily Living	Self-Help Activities Feeding, Toilet Training	Independent body functioning will continue to be encouraged during therapeutic mealtime and toileting. The feeding program for the child with poor oral neuromuscular functioning will include pre-feeding handling, such as: positioning, oral swallowing, biting, and chewing, as, for example, in tapping cheeks to increase tone. The "communication system" of the child should be incorporated during actual feeding, when motivation for most children is high. While food is being prepared and staggered feeding is initiated, caretaker should work with some children on stimulating the respiratory and phonatory systems.
10:00 to 10:45 2:00 to 2:45	Visual and Auditory Stimulation, Cognition, Language	"Mini-Circle" time and "Main-Circle" will be utilized with particular emphasis on visual, auditory, language and cognition.	Small groups will be formed for involvement in specific activities in visual/auditory stimulation, cognition, language. Visual-present a high motivational object in midline and slowly move it to one side and note the child's response in the head and eyes.

Time	Terminology in Therapy	Terminology in Education	Sample Activities
			Auditory-open a package of crackers making a lot noise and observe the child's change in behavior when in his sight and when moved out of his sight. Communication-relating recurrence "more" or desire "want" through sign language, a photograph, or Blissymbol Cognition-developing means-ends through functional use of a string toy. This period will begin with a large circle with activities (visual/auditory stimulation or cognition or language) that are appropriate for all children, i.e., singing a song and following directions within each child's motoric abilities or water play activity where all the children are actively participating. Intersperse some "free" time for peer interaction whe appropriate.
10:45 to 11:oo	Departure: maintenance of body tone and activities of daily living	Departure: maintenance of body tone and activities of daily living	Dressing and toileting occur prior to leaving. As needed, stimulating cognition, i.e., "go get your coat" and independence while maintaining normal body tone will occur. The child should be encouraged to indicate socially that he is leaving. Therapist's attention to maintaining each child's optimal relationship to the environment is given while the teacher's concern is directed toward the social aspect of departure and an activity of daily living.

SEQUENCED ACTIVITIES IN A NEURO-SENSORIMOTOR PROGRAM
FOR THE PROFOUNDLY HANDICAPPED

Time	Terminology in Therapy	Terminology in Education	Sample Activities
8:45 to 9:15 12:30 to 1:00	Controlled Sensory Input & Body Tone Normilization for Sequenced Activity	Sensory and Body Tone Preparation	Provide a quieting environment for the hypertonic child; example: reduce lighting; expose to non-abrasive texture, reduction of aversive sound. Provide an arousing environment for the hypotonic child by providing: normal lighting or brighter; exposure to slightly aversive textures, conversational sound or above. The respiratory system will be stimulated in various non-supine positions for a nasal abdominal-thoracic pattern with a longer inspiratory-expiratory cycle. Provide handling to inhibit abnormal patterns of movement in order to then facilitate a normal pattern of movement on a base of normal tone as preparation for subsequent activity.
9:15 to 9:30 1:00 to 1:15	Neuromuscular facilitation of functional body movement toward support for subsequent activity	Basic gross motor activities	Through positioning and individual handling abnormal reflex activity will be inhibited. Facilitating activities will consist of the following examples: turn the body side to side, keeping the muscle tone normal, weight bearing on knees and arms, use of therapeutic ball; bolster for dynamic movement of the body.
9:30 to 10:00 1:15 to 1:50	Oral Normilization, Speech and Feeding	Therapeutic mealtime	Caretaker stimulates the external and internal oral area utilizing specific techniques taught by the speech therapist which will normalize muscle tone and sensitivity of the tongue, jaw and cheeks. This activity should be immediately followed with speech and/or feeding. Speech sounds should be analyzed according to place, manner, and fuctional use and programmed for accordingly; i.e. adequate lip closure for /b/, /p/, and /m/, later during mealtime to be produced for /m/ for "more" when interested in the cereal. Menus consisting of proper texutre, warmth, flavor and nutrition must be planned. Appropriate positioning and presentation of food must be analyzed and provided for each child. The child may need assistance through jaw control for sucking, swallowing, biting and

Time	Terminology in Therapy	Terminology in Education	Sample Activities
			chewing. Pressure on the base of the tongue (behind chin) may facilitate swallowing.
10:00 to 10:15 2:05 to 11:05	Rest period, clean-up, toilet needs	Rest period, clean-up, toilet needs	Between cleaning up and toileting, provide 15 minutes rest for each child.
10:15 to 11:05 2:05 to 2:50	Visual/auditory stimulation, cognition, & language activities	Visual/auditory stimulation, cognition, & language activities in small groups (mini-circle) and large groups (main circle)	Throughout this period visual and auditory stimulation cognitive and language activities will be worked on at an appropriate level for each child. Activities may range from a minimal gross motor response directed toward an object, to demonstrating cognitive development with manual performance on a language board, to verbal response. Weight bearing in prone the caretaker can present an auditory stimulus and note a change in the child's behavior, is an example of multi-stimulus event directed toward encouraging an integrated response.
11:05 to 11:15 2:50 to 3:00	Departure, dressing maintenance of body tone	Departure, dressing maintenance of body tone	This is a natural period for facilitative handling that elicits as independent a response as possible in the natural situation of dressing. The optimal level of balance between environmental stimulus and child's response will be maintained ao adjusted. It is hoped that the child will maintain more normal body tone and appropriate environmental response for as long as possible. Therapists attend to maintaining each child's optimal relationship to environment while the teacher's concern is directed toward eliciting as much independence in dressing as possible and social response to departure.

SUGGESTED STAFFING PATTERNS

Optimal

1. Every staff member trained or knowledgeable in NDT/SI.
2. 1:2 staff-child ratio.
3. Full-time Interdisciplinary team approach.
4. All team members consistently following the SNSP.
5. All staff knowledgeable of all data collection and assessment tools used by various team members.
6. One hour daily planning/discussion time among team members during day.
7. Team members consist of full-time teacher, aide, OT and/or PT and speech therapist.

Minimal

1. At least one NDT/SI trained or knowledgeable staff member or available consultant in NDT/SI.
2. 1:3 staff-child ratio.
3. The majority of time spent utilizing the Interdisciplinary team approach.
4. At least two staff members consistently following the SNSP.
5. One team member knowledgeable of all data collection and assessment tools used by various team members.
6. One hour weekly planning/discussion time among team members.
7. Team members consist of full-time teacher and aide; part-time OT and/or PT and speech therapist.

SUGGESTED STAFF TRAINING NEEDS

Optimal	Minimal
1. Attend one full day outreach training at beginning of program.	1. Attend one full day Outreach training during course of year.
2. Weekly staffing training meetings.	2. Monthly staff training meetings.
3. All team members available for ongoing consultive input from the outreach team on staff.	3. All team members available for consultive input from outreach team every other visit.
4. All professional staff NDT trained.	4. OT/PT NDT trained.
5. Visit demo model two times yearly.	5. Visit demo model once a year.
6. All team members knowledgeable of adapted sensory integration.	6. One team member knowledgeable of S.I.
7. All team members capable of good communication skills and knowledgeable of the Inter-disciplinary team approach.	7. One team member capable of facilitating good communication skills and knowledgeable of the interdisciplinary team approach.
8. Allowed time to attend at least three workshops yearly in their professional field.	8. Allowed time to attend at least one workshop yearly in their professional field.

VOLUNTEER PACKET

Para-Professional and Volunteer Pre-Service Training Program

Welcome
Staff List & Schedule for Presentation
Introduction to Programs
   Profoundly Handicapped Classroom
   Severely Handicapped Classroom
Role of the Occupational Therapist
Video-Tape: "Learning Through Movement
Break
Cognitive Skills
Therapeutic Feeding
Video-Tape: "Circle-Appropriate Behavior During Social Interaction"
Slide Presentation: "Adaptive Equipment and Gross Motor Activities"
Discussion and Evaluation
Volunteer Application
Volunteer Job Description
Contractual Obligations
Letter of Evaluation from Student Participant

The staff and children of Project UPSTART would like to welcome you to the D.C. Society for Crippled Children. We are looking forward to you becoming a part of our program which is dedicated to the education and therapy of handicapped children. We hope you find this learning experience in child care to be a very positive important part of your education. Perhaps, it may guide you to a decision, in the future, of your education and career plans.

PROJECT UPSTART

Project UPSTART Staff

D. Lee Walshe, Ph.D. , Project Director
Larry Szuch, Project Coordinator
Kay Kincaid, Teacher Room 2
Wanda Peterson, Teacher Assistant Room 2
Dolly Arroyo, Occupational Therapist Room 2
Ruth Blake, Teacher Room 3
Diane Walker, Teacher Assistant Room 3
Joan Frain, Occupational Therapist Room 3
Kay Yudson, Speech Therapist Room 2 & 3

Schedule

9:00 a.m.	Welcome and Tour
9:30 a.m.	Introduction and Overall Description
9:45 a.m. to 10:15	Role of Occupational Therapist and Video Tape on "Movement"
10:15 a.m. to 10:30	Break
10:30 a.m. to 11:00	Cognitive Skills and Therapeutic Feeding
11:00 a.m. to 11:30	Appropriate Behavior during Social Interaction and Video Tape on "Circle"
11:30 a.m. to 11:40	Slides
11:40 a.m.	Discussion and Evaluation

CLASSROOM 2 - PROFOUNDLY HANDICAPPED

The children in Room 2 have been diagnosed as profoundly mentally and/or physically handicapped. Handicapping conditions include Cerebral Palsy, Down's Syndrome, Deaf, Blind, and Developmental Delay.

Due to the variety of disabilities each child has been provided with an individualized educational and therapeutic program. The children each receive speech and/or occupational therapy according to their needs.

Unlike you or me,these children are not able to start an activity on their own; they must be prepared. Emphasis is placed on proper positioning and handling in order to facilitate learning. Activities are presented to the child which increase awareness of and ability to act upon the environment. Activities include tracking an object with the eyes vertically, horizontally and with head movement; tracking objects with various sounds; imitating sounds and movements; feeling various textures; and presenting objects that require the eye and hands to work together. Expressive (talking or gestures) and receptive (understanding) language training is an important part of the daily routine. Eating is a time in which therapy is emphasized, i.e., learning to chew, swallow liquids correctly.

These skills are necessary before a child will be able to perform higher level skills. All of these things come naturally to you and me but must be taught to the handicapped child.

CLASSROOM 3 - SEVERELY HANDICAPPED

The children in Room 3 are severely handicapped in at least two areas of development. The a.m. and p.m. classes differ drastically so that your goals for each class are different. The diagnoses range form visual handicap to Down's Syndrome. Children who have not been specifically diagnosed are classified as Developmental Delayed.

50% of the a.m. class is mobile. The thrust is one of socialization and language skills. For most of these children it is their first year in school. It is important for them to learn to follow directions and to interact positively with each other and at the same time learn to be individuals.

The p.m. class is also mobile varying in age from 2½ to 4 years. Their goals are those that would prepare them to enter new schools, as this is their last year at D.C. Society. Some of the main goals are: self-help skills, toilet training, and learning appropriate behavior. Other areas, such as, language cognitive, gross and fine motor are addressed. Each child has a specific language program. The Physical and Speech therapists have input in all areas.

It is important for both a.m. and p.m. classes to interject language into every activity for one never knows when a child might pick up a sound or repeat a word.

As a final word, it is important to be consistent in your approach to each child. Each child should understand what is expected of him. A system should be created whereby there is praise for appropriate behavior and inappropriate behavior is discouraged. We have to remember that each child is different, therefore, the praise and methods of discouragement will differ.

Let's go through a typical circle, discussing its purposes and then observe the a.m. class on video tape. To participate properly at circle, a child must be able to perform different goals at one time.

1. The child must be able to sit for 10 to 20 minutes.
2. He must be able to understand and follow directions.
3. He must be able to imitate actions.
4. He must be able to wait his turn.

All of these goals involves the following skills:

1. Hearing
2. Speech/Language
3. Cognition
4. Gross and Fine Motor coordination.

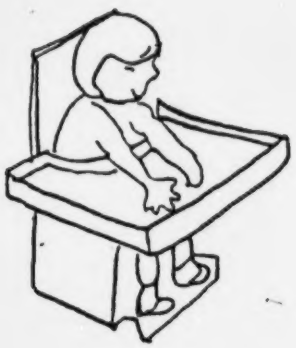
GENERAL GUIDELINES FOR FEEDING PROGRAM

This is written to describe feeding guidelines for children with pathological disorders in the oral motor mechanism which make normal chewing, sucking, and swallowing impossible without intervention.

Our over all, long term, goal is the development of normal eating patterns. Many of these children suffer from malnutrition because of the difficulty parents have in getting food down at all. It is important that goals for nutrition and oral motor development do not conflict. In the long term, nutrition and the development of more normal eating patterns go hand in hand.

In general, our approach with these children is to help them eat in the most "normal" way. As we look at these children, we can think of how we eat, as we plan ways to help them to have more normal eating patterns. For example, in general:

* The child should be positioned in a normal, preferably upright position.



We don't eat lying on our backs and we should not expect a handicapped child to.

* The child's head should be in a normal position in the middle of his body.

NOT TILTED BACK

or

TURNED TO THE SIDE

or
TILTED TOO FAR FORWAD

* We always present food to the child in the middle of his face and mouth, not from the side, above or below his field of vision.

Many of these children will have special problems in eating which are the result of his or her handicap. Each child has his own individualized feeding program. In general, here are some of the ways we can help the child make up for some of the special problems which make eating more difficult.

1. If the child does not have the ability to sit or stand in a good position we can:
   a. use special equipment or adapt regular chairs with pillows, trays, and head supports to position a child:
   b. hold the child in our laps and arms creating a good adapted sitting position for the child.
2. If the child does not have good enough <u>head control</u> to hold his head in a normal position, we can:
   a. support the rest of his body which will allow him to have better control of his head, and;
   b. give the child some jaw control by supporting the child in this way, we can hold the child's head firmly in place.

From the side

From the Front

3. If the child's muscle tone is too high (spastic) we can work to lower the muscle tone by:
   a. moving the child's body slowly and firmly back and forth, to lower whole body tone,
   b. rubbing the child's face in firm strokes towards his mouth, to lower facial muscle tone.
   This is essestial "preparation" for eating for some children.
   c. Give thickened liquids to drink to children with high tone, for example, peach nectar, pear nectar, or thickened milk shakes.
   d. Do not give food that is too cold or too hot because this can cause higher muscle tone around the mouth.

4. If the child still has primitive reflexes near the mouth we should take safeguards to avoid stimulation these reflexes by:
   a. learning specific "oral desensitization" procedures for that child, for example, a child with a hyperactive bite reflex will bite down whenever his teeth are touched by your finger or a spoon. That child has a program to "desensitize" that reflex response.
   b. If a child does have a hyperactive bite reflex, we avoid putting our fingers in his mouth where they might get bitten. If we do get bitten, it is important not to startle the child by screaming out or jerking our fingers out of his mouth because this will only make the bite reflex stronger.
5. If the child does not chew, swallow or suck normally we:
   a. put pieces of food in the center of his mouth and over to either side to encourage chewing, and the tongue's movement to the side.
   b. place food on the tip of the spoon, put the food with the spoon straight in mid-line, put pressure on the tongue if necessary to inhibit tongue thrust, and bring the spoon straight out. Allow the child to obtain the food himself, don't scrape the upper lip or teeth of the child to clean the spoon.
   c. give the child support under his bottom lip or around both lips if necessary so that his lips are sealed to prevent his pushing the food forward and out as he swallows. We call this facilitating lip closure.
   d. use a cut-out cup and place the cup on the child's lower lip. (We try not to continually replace the cup on the child's lower lip because this causes an increase in muscle tone.)

When we remember to do all the things a child needs to help him eat his ability to suck, swallow and chew in a normal way is greatly enhanced. He will be able to eat more and be more comfortable while he is eating. And he will be <u>learning</u> to eat in a more advanced way.

FEED BACK & EVALUATION
for
PROJECT UP-START ORIENTATION PROGRAM

Date: Social Security No.:
(last 4 digits only)

1. What is meant by the term interdisciplinary team approach?

2. What do we mean when we say a child has special needs?

3. Describe an inappropriate (bad) behavior.

4. What do we mean when we say a child can track an object?

5. What do the words Occupational Therapy mean to you?

6. Why did you decide to volunteer here?

7. Explain how you think this orientation will help you to work with our children?

8. What part of the presentation was most valuable to you and why?

9. Do you have any suggestions as to how we might change this program to train new volunteers?

10. Any other comments?

PROJECT UP-START

D. C. SOCIETY FOR CRIPPLED CHILDREN
2800 13th Street, N.W., Washington, D.C.

VOLUNTEER APPLICATION

Date: _____

NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ OTHER: _____

SCHOOL: _____

SPECIAL INTERESTS: _____

_____

_____

_____

ROOM NO. _____ PLACEMENT _____

TIME: A.M. _____ P.M. _____

MON. _____ TUES. _____ THUR. _____ FRI. _____

COMMENTS: _____

_____

_____

_____

Project UP-START
WORDS TO KNOW

A

APPROPRIATE BEHAVIOR - "good behavior" arrived at by teaching the child to respond in a correct way at a certain time and a certain place in a socially acceptable way.

AUTISM (AUTISTIC) - A disorder that manifests itself as early as the first few months of life usually through the infants failure to develop or demonstrate awareness of human contact. Associated characteristics include: preoccupation with inanimate objects; absent or delayed speech; resistance to change, in which the child responds with violent outbursts of temper; severe problems with sleeping and eating; and strange, stereo-typed motor problems.

ATHETOID - A type of cerebral palsy characterized by slow writhing movements that are involuntary.

B

BEHAVIOR MANAGEMENT - A technique that aims toward helping to modify inappropriate (bad) behavior. It has been effectively used to help the mentally retarded, emotionally ill, and learning-disabled.

BOLSTER - A type of equipment used for positioning. A round elongated pillow (usually a vinyl-covered roll of foam rubber), a "log" roll.

C

CEREBRAL PALSY - is not a disease, but a variety of possible disabilities resulting from damage to the brain motor tissue before or during birth. Outward manifestations include muscular incoordination and speech disturbances.

VOLUNTEER JOB DESCRIPTION FOR BEH GRANT CLASSROOMS

Objective and Need:

Assist in BEH classroom programs to maintain a consistent one-to-one, hands on, educational program for severely and profoundly handicapped children ages 2 to 4 years old.

The volunteer will be trained and supervised by the BEH Grant staff, which will be an on-going process.

Requirements:

LOVE CHILDREN	A)	He/she must enjoy working with children and display a great amount of patience.
MATURE	B)	The volunteer considering this position must be at least 16 years old.
DEPENDABLE	C)	Our little friends depend on their assistants to be at the job on time and each time they designate they will be present.
DEDICATED & VERSATILE	D)	The volunteer must be willing to: work hard, follow instruction, learn all they can about our special friends to help them to learn how to learn.
RESPONSIBLE & ENERGETIC	E)	Helping to make our special children comfortable while learning by meeting their needs: changing diapers, lifting & moving children, positioning children, facilitate proper movement and feeding techniques, teaching special children to learn in an enjoyable, playful way.

As you can see, success of this program depends greatly on the cooperation of good, dependable volunteers. YOU can do it. It's challenging but a unique and rewarding learning experience.

Things to Consider:

A. Free lunch if assistant is present from 8:30a.m. to 3 p.m.
B. Free parking
C. A unique and rewarding learning experience
D. Lots of love, warm smiles, laughter and satisfaction of being a part of a first touch, reach, sound, bite of food or step from our special children.

Time Slots Available:

8:30-11 a.m. Monday, Tuesday, Thursday, Friday
12:30-3 p.m. Monday, Tuesday, Thursday, Friday

12 volunteers are needed each day

HELP A SPECIAL CHILD LEARN TO LEARN

If interested, contact:
Larry Szuch, Coordinator
Project UPSTART
D.C. Society for Crippled Children
2800 13th Street, N.W.
Washington, D.C. 20009
202/232-2342

D.C. SOCIETY
FOR CRIPPLED CHILDREN, INC.
2300 13th Street, NW
Washington, D.C.
20009
(202) 232-2342

Easter Seals
SERVING THE HANDICAPPED

An Easter Seal Agency

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Archbishop John Carroll High School Students
Contractual Obligations

1. The student must attend the three hour volunteer orientation session.
2. The student must be punctual.
3. The student is expected to notify us if he is unable to attend.
4. The student is responsible to sign in attendance book each day he attends.
5. The student is expected to cooperate with all staff members
6. The student will be observed by the staff to determine how he works with the children and his understanding and knowledge of handicapped pre-schoolers.
7. Wednesdays will be used as a study period since the children do not attend school on that day.
8. A paper is expected to be written at the end of the designated term.

_____
Date

_____
Student's Signature

_____
Supervisor's Signature
Cooperative Agency

_____
Staff Signature
Project UPSTART

BASIC EQUIPMENT SUGGESTIONS

1. Straight-back Child Size Chairs (adapted)
2. Child Size Tables
3. Walkers (hand held; sitting)
4. Strollers/wheel charis
5. Feeder Seats
6. Mats (Exercise)
7. Inner tubes
8. Adapted Arm Chairs
9. Wedges (various sizes)
10. Bolsters (various sizes)
11. Cut-out Foam Pieces for Side Lying Positions
12. Pillows (various shapes and sizes)
13. Blankets/Sheets (for wrapping, etc.)
14. High Chair
15. Prone Boards
16. Standing Table
17. Corner Chairs
18. Corner Seats
19. Cloth Straps (various lengths and widths)
20. Velcro straps (various lengths)
21. Storage Compartments (cubbies, etc.)
22. Shelves for Toys, educationalitems, etc.
23. Rocking Chairs (adult & child-size)
24. Bean Bags for Positioning (various sizes)
25. Scooter Boards
26. Therapeutic Balls
27. Barrels
28. Crawl-through Tunnels
29. Moveable Stair Case
30. Tricycles
31. Rocking horse
32. Pony Seat

Supplies: Various size and style cups (cut-out, tommie tippee, etc.), adapted spoons (coated, curved, etc.), suction bottom bowls and plates, coverall bibs and smocks.

PROJECT UPSTART
CONTINUATION MODEL DEMONSTRATION CLASSROOMS
LIST OF ASSESSMENT INSTRUMENTS
1980-1981

Instruments	Skill Areas Assessed
Learning Accomplishment Profile for Infants (Chapel Hill Training-Outreach Project, 1975 Criterion referenced).	Developmental profile of existing skills in areas of gross and fine motor, self-help, social, language, and cognitive skills.
Test of Gross Motor and Reflex Development (Hoskins and Squires, 1973, Criterion referenced items, clinically tested).	Assesses presence of abnormal reflexes and development of normal reflex and gross motor skills.
Receptive-Expressive Emergent Scale (Bzoch and League, 1971, Standardized, for small sample populations.	Receptive and expressive language.
Behavior Modification Data Collection (individualized for each child in a given environmental situation).	Base line in any area, behavior changes in any area.
Vineland Social Maturity Scale (Doll, 1965, Standardized).	Adaptive behavior.
Infant Intelligence Scale (Cattell, 1940, Standardized).	Current level of cognitive performance.
Callier-Azusa Scale (Stillman, ed., developmentally based assessment scale relevant to deaf-blind children, 1974, field tested).	Developmental level description in five skill areas: motor, perception, daily living, language and social.
Caldwell HOME Inventory (Center for Child Development University of Arkansas, Little Rock, Arkansas).	Child/parent interaction and level of environmental stimulation available in the home.
Parent Help Wanted Questionnaire Parent Help Received Questionnaire (D.C. Society for Crippled Children, Washington, D.C.).	Comparison of the two questionnaires gives a percentage of the expressed needs that have been met by the program.

SAMPLE IEP

INDIVIDUALIZED EDUCATION PROGRAM
D. C. SOCIETY FOR CRIPPLED CHILDREN, INC.
2800 THIRTEENTH STREET, N. W.
WASHINGTON, D. C. 20009

SCHOOL YEAR 1980-81
Date: 12/2/80

1. IDENTIFYING INFORMATION

Name of Student _____ Birthdate 9/20/78

C.A. 24 mos. at school entry date 9/22/80

Name of Parent and/or Guardian _____

Diagnosis Cerebral Palsy -- spastic quad

2. SPECIAL NOTATIONS

a. Health Status

Visual Acuity Physical Exam 9/79.. Dr. Estampador, D.C. Society, and treated at Children's-- results are normal. Strbismus noted on occasion.

Hearing Acuity Tested at Children's and found to be within normal limits.

Precautions Therapeutic handling and constant monitoring of positions. Seizure disorder and Hypertension.

Medical and Therapy History Phenobarbitol 3cc Bid. every 12 hrs. Apresoline 5 ml. cc 0.6 cc 96°, every 8 hrs. Every 12 hrs. Inderol 1 ml/cc=1cc 96°; Orthopedic clinic, D.C. Society 11/80 bilateral short leg braces ordered.

Adaptive Equipment Wedges, bolsters, triangle chair, feeder seat, high chair, prone board, u-form.

b. Observed Learning Style Multimodalities are used, one-to-one and small groups.

DCS IEP Form 9-80

STUDENT _____ BIRTHDATE 9/20/78

c. Background Information This is 2nd year at the D.C. Society. She lives with 4 siblings and her grandmother. Ms. Thoms is primary caregiver.

3. PARENT CONFERENCE DATE 12/2/80

4. PRESENT LEVEL(S) OF PERFORMANCE (Name of Tests, Date Administered, C.A. at time of Administration)

E-Learning Accomplishment Profile (E-LAP) C.A. 24 months
Gross Motor and Reflex Development Test (GMRD) C.A. 24 mos.
Receptive Expressive Emergent Language Scale (REEL) C.A. 24 mos.

Gross Motor:

E-LAP: performs at 6 mos., with 2 gaps.
GMRD: 6 mos. with 1 skill at the 7 mo. level

Fine Motor and Perceptual:

E-LAP: performs at 8 mos., with 1 at 9; 1 at 10.

Self Help:

E-LAP: performs at 12 mos., with 1 gap at 11.

Social/Emotional:

E-LAP: performs at 11 mos. with 1 gap at 7, 10, & 11.

Language:

E-LAP: performs at 9 mos. with 1 gap at 9; 1 emerging at 10

REEL: Receptive--11 mos.
Expressive--9 mos.

Cognitive:

E-LAP: performs at a 9 mo. level with 1 at 9; 3 & 1 emerging at 10; 1 emerging at 11.

Summary:

is functioning between 6-11 mos. Her lowest level of development is gross motor due to her physical involvement.

5. DESCRIPTION OF PROPOSED INSTRUCTIONAL SERVICES/CLASSROOM AND THERAPY SETTING

a. Classroom:

212

Seven children who meet the criterion for functioning 75% below chronological age in at least two areas of development attend 4 days per week, 2½ hours daily. A neurodevelopmental, sensory integrated approach is utilized in sequenced activities by an interdisciplinary team. Continuous input is given for speech, occupational and/or physical therapy Emphasis is placed on working on an individual basis or small group setting. A therapeutic mealtime is provided.

5. DESCRIPTION OF PROPOSED INSTRUCTIONAL SERVICES/CLASSROOM AND THERAPY SETTING (continued)

b. Occupational Therapy:

Continuous input using principles of neurodevelopmental treatment and sensory integration will be incorporated into sequenced daily activities.

c. Physical Therapy:

On consultive basis per request of team members in classroom.

d. Speech Therapy:

Continuous input during classroom activities by consultation and participation.

e. Mainstream/Adaptive P.E.

Aquatic Intervention Program at the D.C. Therapeutic Recreation Center is offered. Child may participate in Fall and/or Spring.

Adapted gross motor activities in the classroom and on the playground.

STUDENT _____ BIRTHDATE 9/20/78

C.A. 24 mos. at school entry date 9/22/80

ROOM NO.: 2 STAFF: Kay Kincaid, Teacher

Diane Walker, Teacher Assistant

Genie Chisholm, Speech-Language Pathologist

JoAnn Ste. Marie, O.T.R.

6. PRIORITIZED LONG TERM GOALS:

A. will work toward normalization of muscle tone and increase head, neck and trunk control.

B. will improve fine motor skills.

C. will increase quality and amount of receptive and expressive language skills.

7. EDUCATIONAL/THERAPY PROGRAM

	Results Dates Mid	Post	Method and Evaluator	Program Dates Start	End
A. will work toward normalization of muscle tone and increase head, neck and trunk control.	2/81	5/81	NDT Observation Teacher/Asst.	9/80	6/81
1. will maintain head and body alignment while in a position for 30 seconds, 2 out of 4 trials.	±	+			
a. Place prove over bolster on handlers leg; weight on forearms & shoulders supported.					
b. will be placed in a triangle and engage inan activity. Place her for good head alignment.					
2. will segmentally roll over 3 out of 5 times, 2 trials.	–	±	NDT Observ. O.T.	9/80	6/81
a. Entice with a toy so she reaches accross her body for it. Hold her hips back until her trunk starts to rotate then allow hips to follow to complete the segmented roll.					
3. will maintain a relaxed body tone when placed on the prone board for 10 seconds, 2 out of 4 trials.	+	+			
a. Place on prone board for main circle.					
4. will maintain reduced facial tone, during feeding 3 out of 4 days, 3 trials.	+				
a. Massage gums prior to feeding.					
B. will improve fine motor skills.					
1. will voluntarily grasp hand-sized objects; place them in designated areas, and release them, 3 out of 5 times, 2 trials.	–	–	E-LAP Observation Teacher/Asst.	9/80	6/81
a. Place in a functional position (ie. sidelying, supported sitting) and offer small toys that she can hold.					

CONTINUATION SHEET

STUDENT _____ BIRTHDATE 9/20/78

7. EDUCATIONAL/THERAPY PROGRAM

	Results Dates Mid	Results Dates Post	Method and Evaluator	Program Dates Start	Program Dates End
b. With straddling an adult's leg, actively rotate her trunk with hands at midline. As she crosses midline and moves to either side, have her pick up small toys and maintain her grasp during rotation and then place them on the opposite side.	2/81	5/81			
C. will increase quality and amount of receptive and expressive language skills.			Sp. Therapist Observation	9/80	6/81
1. will show recognition of common objects; clothing, body parts and foods 3 out of 5 times, 3 trials.	+	+			
a. will point, touch, or direct her gaze to the named item.					
2. will be exposed to and attempt to show recognition of verb pictures 3 out of 5 times, 2 trials.	-	±	"	9/80	6/81
a. will respond to the question "Is he/she verb +ing" by smiling or showing no expression.					
b. Directing her gaze to one picture named from a choice of two.					
3. will indicate an understanding of the personal pronouns "me", "him" and "her" by following simple commands 3 out of 5 times, 3 trials.	±	±			
a. will respond to "give it to _____".					
4. will indicate a preference between 2 items presented by smiling, pointing, touching, or vocalizing 3 out of 5 times, 3 trials.	+	+	Teacher/Asst. Sp. Therapist Observation	9/80	6/81
a. During feeding, present 2 choices of food and have Ansonja choose one.					
b. Present 2 toys, books, etc.					

STUDENT _____ BIRTHDATE 9/20/78

7. EDUCATIONAL/THERAPY PROGRAM

	Results Dates Mid	Results Dates Post	Method and Evaluator	Program Dates Start	Program Dates End
c. during departure					
d. throughout all classroom activ.	2/81	5/81			
5. will imitate an adult vocal model by babbling or using word approximations, or words, 3 out of 5 times, 3 trials.	+	+	Teacher/Asst. Sp. Therapist	9/80	6/81
a. While side lying, babble to					
b. Label all items that en- counters during the course of day.					
c. Allow time to imitate adult.					
6. will vocalize during 3 out of 5 classroom activities, 4 trials	+	+			
a. Dampening, gross motor, feeding, main circle.					

CHILDREN'S END OF YEAR REPORT

GENERAL BACKGROUND INFORMATION

Education Program

I. Evaluation Data from Early/Infant LAP, Pre/Post; Background Information

II. Report on Response to Educational Program in Six Curriculum Areas: Gross Motor, Fine Motor, Self-Help, Social, Language, Cognitive

III. Summary of Responses to Educational Program and Team Recommendations

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Therapy Program

Occupational Therapy (NDT/SI)

I. Evaluation: Gross Motor and Reflex Development, Test Scores, Pre/Post and Discussion

II. Report on Response to Therapy Program

III. Summary of Response to Therapy Program and Therapists Recommendations

IV. Report on Reflex Maturation (Reflex Development portion of GMRD, Pre/Post) as Assessed by Off-Site Third Party Evaluators

---

Speech and Language Program

I. Evaluation, Pre/Post Scores on REEL

II. Report on Response to Speech Therapy Treatment Program

III. Summary of Response to Speech Therapy Treatment Program and Therapist Recommendations

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Summary Report of Support Services to Child/Family

D. C. SOCIETY FOR CRIPPLED CHILDREN

EDUCATIONAL ASSESSMENT

END OF YEAR REPORT

NAME: PRESENT DATE: May 1981

DATE OF BIRTH: 9-20-78 PERIOD COVERED: 9/80 - 5/81

CURRENT AGE: 32 months TEACHER: Kay Kincaid

NAME OF PARENT: (mother) (grandmother)

ADDRESS: Washington, D. C. 20001

PHONE NUMBER:

THERAPY RECEIVED: Occupational and Speech

DIAGNOSIS: Spastic Quadriplegia

I. EVALUATION DATA:

	E-LAP SCORES: Sept. 1980	May 1981
Chronological Age	24 mos.	32 mos.
Gross Motor	6 mos.	6 mos.
Fine Motor	8 mos.	8 mos.
Self-Help	12 mos.	12 mos.
Social	11 mos.	11 mos.
Language	9 mos.	18 mos.
Cognitive	9 mos.	11 mos.

II. BACKGROUND INFORMATION:

lives at her grandmother's house with four other siblings. Her grandmother has participated in her IEP, all school events, and follows through her programs at home. Communication is kept open through continuous notes and phone calls regarding progress.

medical needs are followed by Children's Hospital. She was taken off all medications except phenobarbitol, this past March. This is second year at D. C. Society for Crippled Children. She was previously in the Infant Program here.

III. REPORT ON EDUCATIONAL PLAN:

Gross Motor: performs at a 6 month level. After being handled, exhibits reduced muscle tone and will maintain it for short periods.

III. REPORT ON EDUCATIONAL PLAN - Continued:

She is now bearing weight on her feet with assistance, rolls from prone to supine and vice versa and sits unsupported in taylor sitting for up to a minute. She stands on the prone board for 10 minutes each day. lower extremities are more relaxed than her upper extremities. She shows improved head control when propping on her arms in prone or supported sitting.

Fine Motor: performs at an 8 month level with 1 skill at 9 and 10 months each. The goal in this area was to voluntarily grasp hand-sized objects, place them in designated area and, release them. To date she is not able to grade hand movements in order to grasp well. When she does obtain an object, spasticity interferes with allowing her to release it.

Self-Help: performs at a 12 month level with a skill at 15 months. That skill is vocalizing and gesturing to indicate wants. is able to finger feed by herself but her body is very involved and shows increased muscle tone with the effort. is able to maintain reduced facial tone during feeding. will sign for wants such as "more," and "eat." When presented with two choices of food, will look at what she wants. still needs some jaw control when drinking. She is able to chew most foods when placed under her molars.

can take off her socks when assisted and will also take off her hat. will respond to the question of "do you need a pamper" or "do you want to go to the toilet" with "yeah" when she is sure.

Social: is a very happy child with a contagious laugh and smile. She performs at an 11 month level. enjoys watching other children and the attention she receives from others and will sometimes cry when left alone. She laughs aloud and sometimes repeats performances laughed at. interacts with others and often trys to imitate or answer for them too.

Language: performs at an 18 month level with skills up to 24 months. Goals for this year included - indicate a preference between two items; indicate an understanding of the personal pronouns; vocalize during activities; imitate an adult vocal model. will sign, babble and uses some words for different wants and needs.

Since is not able to control her arm and hand for painting, she uses an eye gaze to indicate wants and answers specific questions. vocalizes throughout the day during dampening, gross motor, feeding and main circle. has about 20 one and two syllable words. Some of her words are not always clear and audible. She is able to name some objects and uses words appropriately. will attempt to repeat words she hears staff members say. uses the signs for more, eat, music and work and responds "yeah" or shakes her head no when expressing desires or answering questions.

III. REPORT ON EDUCATIONAL PLAN - Continued:

Cognitive: performs at an 11 month level with skills up to 24 months. knows and uses signing for needs and wants. A goal for her this year was to show recognition of common objects, etc. and show recognition of verb pictures. uses eye gaze to identify pictures named by an adult. discriminates strangers by acting shy. She recognizes at least 25 different pictures in various categories.

enjoys having stories read to her. She usually responds to her name with a head turn, making eye contact and smiling. knows her classmates by name. She responds to "where is ____?" by looking at the person. also recognizes her chair for feeding and will look for it in order to be positioned. will respond "huh" when she does not understand a question clearly.

IV: SUMMARY AND RECOMMENDATIONS:

has made a good deal of progress within the last few months of school. She has only recently started to use words to express her feelings and has steadily improved articulation. strongest areas appears to be language and cognitive.

should remain in a small classroom of no more than 7 children where emphasis is placed on working in small groups or on an individual basis. tends to be easily distracted and needs to work in a secluded area part of the day. also needs to receive physical and/or occupational therapy using a neurodevelopmental, sensory integrated treatment approach to facilitate more normal muscle tone and improve head control. Speech therapy is needed to encourage further language development. A consistent program should be continued to improve feeding skills.

D. C. SOCIETY FOR CRIPPLED CHILDREN

SPEECH THERAPY

END OF YEAR REPORT

NAME:

DATE OF BIRTH: 9-20-78

CURRENT AGE: 31 months

PARENT:

ADDRESS: Washington, D. C. 20001

PHONE NUMBER:

DIAGNOSIS: Cerebral Palsy - Spastic Quadriplegia

I. EVALUATION DATA:

		SCORES: Sept. 1981	May 1981
Chronological Age		24 mos.	31 mos.
REEL(Receptive Expressive	Receptive	11 mos.	16 mos.
Emergent Language Scale)	Expressive	9 mos.	16-18 mos.

II. REPORT ON THERAPY PLAN:

has made gains in her receptive and expressive language skills. She can identify objects and pictures of a variety of items by using eye gaze from a field of two. When asked a "yes-no" question frequently responds correctly by saying "yeah" or smiling. She usually indicates no by a somewhat "puzzled" look on her face.

was also encouraged to begin indicating a preference between two items, activities, foods, etc. When given a choice between two things she would indicate the one she wanted by looking at it or attempt to point, usually with her left hand. appears to understand a lot of what is said to her. She tends to be somewhat distractable when engaged in a quiet activity but can be directed back to a task with adult prompting.

Expressively, is using a few basic signs to make requests. She can presently use the signs for "eat, more, music and work." Some of the signs are adapted slightly to accomodate the use of her hands. has also been encouraged to use vocalizations to communicate. She attempts to imitate many words overheard in conversation. She uses about 20 1 and 2 word syllable approximations with consistency. still needs prompting and encouragement to use her speech. Her attempts at saying words of 2 syllables and more are characterized by tightness and rushed sounds.

III. THERAPY RECOMMENDATIONS:

needs continued speech and language therapy. Several systems such as eye gaze, pointing, speech signing, etc. should be incorporated so as to develop a means of expressive communication. Continued language stimulation should be provided to increase receptive language skills.

D.C. SOCIETY FOR CRIPPLED CHILDREN

OCCUPATIONAL THERAPY

END OF YEAR REPORT

NAME _____ PRESENT DATE May 1981

DATE OF BIRTH 9-20-78 PERIOD COVERED Sept. 1980-May 1981

CURRENT AGE 32 mon. THERAPIST Jo Ann Ste. Marie, OTR

NAME OF PARENT _____

ADDRESS _____ Washington, D.C. 20001

PHONE NUMBER _____

DIAGNOSIS CP, spastic quadriplegia

I. EVALUATION DATA:

	SCORES: Sept. 1980	May 1981
Chronological Age	24 mon.	32 mon.
Gross Motor Reflex Development Test	6 mon.	6 to 8 mon.

has new skills of - lifts head from supine, bears large part of weight (on prone board), and pivots prone.

II. REPORT ON TREATMENT PLAN:

treatment plan was based on an interdisciplinary approach combining sensory integrative and neurodevelopmental techniques with academic stimulation. Short term therapeutic goals:

1. will maintain head in body alignment while in a position for 30 seconds, 2 out of 4 trials.

will maintain head in body alignment for at least 30 seconds when placed prone over bolster or wedge, on prone board, or sat in triangle chair.

2. will segmentally roll over 3 out of 5 times, 2 trials.

will segmentally roll over. She needs reminders not to tense up and occasionally needs therapeutic intervention during task to facilitate segmental rolling.

3. will maintain a relaxed body tone when placed on the prone board for 10 seconds, 2 out of 4 trials.

currently wears bilateral short leg braces.

was present approximately 95% of the school year. She has made significant gains in the cognitive area and responds best on a one-to-one basis when working on a task.

family has been very supportive and have communicated almost daily with the classroom team.

H. PROJECT UPSTART'S CERTIFICATE

PROJECT
UPSTART

Given in Appreciation

to

of

for participation in replication in your community of a model therapeutic education program. Project UPSTART certifies that

is qualified to train personnel in adopting the Sequenced Neuro-Sensorimotor Program

Project Director

Project Coordinator

Project Occupational Therapist

Project Educational Specialist

Project Speech Therapist

Date

Easter Seals
SERVING THE HANDICAPPED

V. FINANCIAL STATUS REPORT